



133 Molesworth Street  
PO Box 5013  
Wellington 6140  
New Zealand  
T+64 4 496 2000

23 September 2022

s 9(2)(a)

By email: s 9(2)(a)  
Ref: H2022009837

Tēnā koe s 9(2)(a)

### **Response to your request for official information**

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (Ministry of Health) on 10 August 2022 for information regarding the Oranga Tamariki Action Plan. You requested:

*"...[The] Ministry of Health's plan of implementation / work to date relating to the Oranga Tamariki Action Plan, as mentioned in the 4th April 2022 Oranga Tamariki Action Plan Cabinet Papers."*

Nine documents have been found within the scope of your request. All documents are itemised in Appendix 1 and copies are enclosed. Where information is withheld, this is outlined in the Appendix and noted in the document itself. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauorā website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā



Steve Waldegrave  
**Associate Deputy Director-General  
Strategy Policy and Legislation**

## Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	19 November 2021	Memo - An update on the draft Oranga Tamariki Action Plan.	Some information withheld under the following sections of the Act: <ul style="list-style-type: none"> <li>Section 9(2)(f)(iv) to maintain the constitutional conventions that protect the confidentiality of advice tendered by Ministers and officials.</li> </ul>
1A	12 November 2021	Attachment Letter - Minister of Children OTAP letter	
1B	16 November	Appendix – Draft OTAP Actions	
2	9 December 2021	Briefing – Supporting regular health checks for tamariki in the care of Oranga Tamariki.	Some information withheld under the following sections of the Act: <ul style="list-style-type: none"> <li>Section 9(2)(a) to protect the privacy of natural persons; and</li> </ul>
3	31 January 2022	Briefing – Improving access to health services for children	Some information withheld under the following sections of the Act: <ul style="list-style-type: none"> <li>Section 9(2)(a); and</li> <li>Section 9(2)(f)(iv).</li> </ul>
4	14 February 2022	Memo – Meeting with Chappie Te Kani, Chief Executive of Oranga Tamariki, to discuss key child wellbeing priorities	Some information withheld under the following section of the Act: <ul style="list-style-type: none"> <li>Section 9(2)(f)(iv).</li> </ul>
5	30 March 2022	Briefing – Oranga Tamariki Action Plan: Provision of health services for children and young people involved with Oranga Tamariki – Background paper	Some information withheld under section 9(2)(a) of the Act.
6	29 April 2022	Memo – Oranga Tamariki Action Plan: Implementation Plan	Released in full.
7	27 April 2022	Briefing – Oranga Tamariki Action Plan: Health system prioritisation for children and young people involved with Oranga Tamariki	Some information withheld under the following sections of the Act: <ul style="list-style-type: none"> <li>Section 9(2)(a); and</li> <li>Section 9(2)(f)(iv).</li> </ul>
8	31 May 2022	Briefing – Oranga Tamariki Action Plan: Improving access to primary care	

#	Date	Document details	Decision on release
9	July 2022	Supporting information for implementation plan	Withheld in full under section 9(2)(f)(iv) of the Act.

# Memo

## An update on the draft Oranga Tamariki Action Plan

<b>Date:</b>	19 November 2021
<b>To:</b>	Dr Ashley Bloomfield – Director-General of Health
<b>Cc:</b>	Maree Roberts – Deputy Director-General, System Strategy and Policy Deborah Woodley – Deputy Director-General, Population Health and Prevention Caroline Flora – Associate Deputy Director-General, System Strategy and Policy
<b>From:</b>	Steve Barnes – Group Manager, Family and Community Health Policy
<b>For your:</b>	Noting

### Purpose

1. This memo provides an update on the development of the Oranga Tamariki Action Plan (OTAP) and comments on the components that are relevant to the Ministry of Health.
2. The OTAP is likely to be discussed at the Social Wellbeing Board meeting you are attending on 24 November 2021. We will also provide you with advice for that meeting but, given the speed at which this mahi is progressing it is important for you to have sight of developments.

### Context

#### *Oranga Tamariki Action Plan*

3. The Children's Act 2014 includes a requirement that children's agencies develop an OTAP. This sets out how the chief executives of children's agencies (including the Ministry of Health) will work collectively to improve the wellbeing of the core populations of interest to Oranga Tamariki, in line with the outcomes of the Child and Youth Wellbeing Strategy.
4. The OTAP aims to ensure that tamariki in care, tamariki who may come into the care, and tamariki who have previously been in care receive the holistic support they need to prevent harm, respond to challenges early, and cultivate long-term wellbeing.
5. Work on the OTAP was on hold while work was done on the future direction of Oranga Tamariki, including the Ministerial Advisory Board publishing its report and Oranga Tamariki setting out their response in the Future Direction Plan. Now that these things have occurred, the Minister for Children has signalled that he would like to press ahead with the development of the OTAP.



### *Child Youth Strategy Wellbeing Ministerial meeting*

6. The Child and Youth Wellbeing Ministers meeting on 15 November 2021 focused on the OTAP. The Minister for Children has emphasised to Oranga Tamariki the significance of improved interagency collaboration to ensure that social workers do not spend as much time and effort trying to get support from other agencies.
7. Child and Youth Wellbeing Ministers considered two documents in their meeting (attached):
  - A set of draft actions for the OTAP developed by Oranga Tamariki. The actions are fairly open-ended, which provides flexibility for these to be developed further between agencies. The Ministry is generally supportive of these draft actions.
  - A letter from the Minister for Children to his colleagues. This included a firm expectation around agencies giving priority access to services for children and whānau working with Oranga Tamariki. This would be a significant change for some agencies, especially when services are allocated on different definitions of need.
8. Action 4 in the draft OTAP would commit each children's agency to identifying practical, high-impact actions they can lead to meet the needs of priority populations.
9. Action 5 would commit the Ministry of Health to work with Oranga Tamariki and the Ministry of Education to advise Ministers on practical, high-impact short and longer-term options to support priority populations to access education, health (including mental health), and disability services to meet their needs.
10. We understand that the draft actions were supported by Ministers at the meeting, and they stated a desire to continue their discussions on the OTAP with a deep-dive on housing. It is likely they will want to have similar discussions focused on health and education at meetings in 2022.
11. The Minister for Children intends to ask the Social Wellbeing Board to govern and drive the OTAP. We support this approach.

### **The Ministry supports the direction of the OTAP and notes that a coordinated approach will be taken for overlapping OTAP actions**

12. The Ministry broadly supports the direction of the OTAP and has noted its alignment with the changes underway in Oranga Tamariki and the health and disability system reforms.
13. Several actions have crossovers with actions in other work programmes. Crossovers are likely intended and a good outcome as it drives a coordinated approach across different portfolio areas. We have encouraged Oranga Tamariki to be explicit about the crossovers so that it is clear that agencies are working on overlapping issues in a coordinated way.
14. Specifically, there are a few areas with links to Te Aorerekura (the Family Violence and Sexual Violence National Strategy) that need to be made to ensure alignment, avoid

duplicating efforts, and focusing on the broader drivers of poor outcomes. The specific areas identified are:

- Early years prototypes: this reflects both the Transition Unit's early years programme of work (which includes developing prototypes) and related advice on the first 1,000 days, which references early years prototypes with a health and social sector focus
- s 9(2)(f)(iv) [REDACTED] Te Aorerekura includes developing an investment plan with a focus on how the Government coordinates and targets prevention and early intervention responses.

15. Care will be required to ensure that any similar but separate actions do not conflict with each other (eg, avoiding the Te Aorerekura investment plan being misaligned with an OTAP investment strategy).

### **Enabling the collection and analysis of data is important to inform the development and targeting of OTAP initiatives**

16. We support the focus on building a data-driven picture through an evidence and indicator dashboard, and are conscious that there are data gaps between agencies for the populations of interest.
17. The Ministry and Oranga Tamariki are currently working on a cloud-based solution for health provider data as it relates to Care and Protection and Youth Justice facilities. This will provide good insights and inform the model of care revision for Care and Protection residences that we are working with Oranga Tamariki on.
18. Providing evidence and data to communities is also a critical opportunity for the children's agencies to receive insights from communities about needs and aspirations. This will ensure we have a good understanding of what mahi is happening in communities and how we can support it.

### **The Ministry and Oranga Tamariki are discussing options to support priority populations' access to services**

19. We agree that there is a need to develop and provide advice to Ministers on how we can ensure that children of interest to Oranga Tamariki can best access health services that meet their needs. If Ministers wish to explicitly prioritise health services to children of interest to Oranga Tamariki we would need to consider how this might affect the accessibility of services to other groups.
20. We are engaging with Oranga Tamariki to determine what might be included in this advice.

### **Next Steps**

21. We will provide you with an annotated agenda for the Social Wellbeing Board meeting on 24 November 2021 where the OTAP is likely to be discussed. We will also keep you updated on any significant developments between meetings, as this mahi is moving quickly.

## Recommendations

It is recommended that you:

1.	<b>Note</b> that Child and Youth Wellbeing Ministers have signalled their support for the directions in the draft Oranga Tamariki Action Plan	Yes/No
2.	<b>Note</b> that officials are generally supportive of the draft Oranga Tamariki Action Plan	Yes/No
3.	<b>Note</b> that officials are engaging with Oranga Tamariki to determine the scope of future advice to Ministers on how we can ensure that children of interest to Oranga Tamariki can best access health services that meet their needs	Yes/No
4.	<b>Note</b> that the draft Oranga Tamariki Action Plan will be discussed at the Social Wellbeing Board meeting on 24 November 2021, and we will provide you with advice for this hui	Yes/No

Signature

*Steve Barnes*

Date: 19 November 2021

Steve Barnes

**Group Manager, Family and Community Health Policy**

**Hon Kelvin Davis**

MP for Te Tai Tokerau

Minister for Māori Crown Relations: Te Arawhiti

Minister for Children

Minister of Corrections

Associate Minister of Education (Māori Education)



12 November 2021

**Oranga Tamariki Action Plan**

Dear colleagues

I am writing to seek your support – and the support of your agencies – to prioritise and act immediately on the needs of the children, young people and their whānau involved with Oranga Tamariki.

During my visits to Oranga Tamariki sites across the country, social workers and staff repeatedly told me of their struggles to access the support and services needed to prevent whānau from reaching crisis point. Oranga Tamariki social workers are also in a unique position, within a care and protection context, where they are held to account by Family and Youth Courts for the non-delivery of actions that sit within the remit of other agencies.

In short, the more time and effort spent by Oranga Tamariki social workers to find adequate support and services for the children and whānau they work with, the less time they have to provide high quality support to children.

I need social workers to be able to advocate for the needs of children and their whānau and for your agencies to meet those needs. This is imperative to rebuilding trust and confidence in our social workers – and our care and protection system.

As you know, I recently set out my vision and plan for the future direction of Oranga Tamariki. My vision is that all children are safe, loved and nurtured by whānau, hapū and iwi, and supported by thriving communities. Achieving this vision will require substantial changes in how Oranga Tamariki approaches its core business, role and functions. My recently published Future Direction Plan sets out this pathway for change.

We now need to see substantial changes in how children's agencies (and other relevant agencies) work together with communities to improve the wellbeing of children, young people and their whānau. This was emphasised by the Oranga Tamariki Ministerial Advisory Board, who were unequivocal in their report that we need concerted cross-agency action to support Oranga Tamariki in its core statutory role and to prevent children coming to our attention in the first place, and that the respective responsibilities and roles of Oranga Tamariki and other government agencies need to be clarified.

As Ministers for the children's agencies, we are **jointly responsible** for this cross-agency action to improve outcomes. The Oranga Tamariki Action Plan is an important mechanism for this. The Children's Act 2014 states that children's agencies must create this Plan to indicate how they are going to work together to improve the well-being of the core populations of interest to Oranga Tamariki.

My expectation is that if Oranga Tamariki identifies an issue that another agency is responsible for, that those agencies pull out all the stops to resolve the issue as soon as possible. And if, and when, things go wrong, agencies will stand together to respond with their community.

We must get on with delivering actions that make a difference for children and their whānau. On that basis, I have instructed Oranga Tamariki to push forward in setting out our commitment to work together to improve outcomes for the core populations of interest to Oranga Tamariki. This will include:

- A focus on intervening immediately, before issues and challenges escalate and impact on long-term outcomes
- Ensuring all agencies act as one team, with the sole focus of resolving any issues facing children and their whānau who are involved with Oranga Tamariki
- Partnership and collaboration with marae, hapū and iwi
- Community-led (direction setting and decision making) service and system design where the specific opportunities and challenges of that area can be taken into account by local people who know what will work.

Chief executives have a duty under section 9(2) of the Children's Act to indicate how they will promote the best interests of the priority populations. I am therefore seeking your commitment, in principle to giving priority access to services for children and whānau working with Oranga Tamariki. This will be a significant change for some agencies, especially when services are allocated on different definitions of need. However, if outcomes for children and their whānau are to improve, this must be considered.

I am also seeking a commitment from your agencies to identify how their respective workforces can more actively support Oranga Tamariki social workers to meet the needs of the children and whānau in a way that places those children and whānau at the very centre of our efforts.

The Plan will highlight our intention and commitment as well as the cross-agency pieces of work that will be most crucial to improving the wellbeing of the core populations of interest. I expect that we will update the actions list as we hear more about community aspirations and needs and develop an evidence-based picture of need.

I intend to ask the Social Wellbeing Board to govern and drive this work, with a strong focus on actions that deliver for tamariki and whānau, and for our progress to be examined at each Child and Youth Wellbeing Strategy Ministers' Meeting.



Please find enclosed a draft Action Plan, which was developed by Oranga Tamariki at my direction. Initial consultation with other agencies has taken place, but further engagement to develop the actions will be needed in the coming weeks.

I am seeking your support for this approach and look forward to an action-focused conversation on 15 November.

Nāku iti noa, nā

A handwritten signature in blue ink, reading "Kelvin Davis". The signature is fluid and cursive, with the first name "Kelvin" and the last name "Davis" clearly distinguishable.

Hon Kelvin Davis  
**Minister for Children**

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

## Oranga Tamariki Action Plan [DRAFT narrative]

### Aotearoa should be the best place in the world for *all* children to live

We want Aotearoa New Zealand to be a place where all children and young people are loved, confident, happy, healthy, and empowered to reach their full potential. The Child and Youth Wellbeing Strategy, launched in 2019, provides a unifying framework of outcomes that the government, with communities and partners, will work towards for all children. These are set out below.



### The Action Plan is focused on children and young people with the greatest needs

The Children's Act 2014 requires children's agencies<sup>1</sup> to develop a plan for how they will work together to improve the wellbeing of priority populations of children and young people (or under the Act 'the core populations of interest' to Oranga Tamariki). These cohorts include children and young people who are at risk of being involved with, are already involved with, or have been involved with our care and protection and youth justice systems.

Together, the children and young people in these cohorts number roughly 120,000 children and young people; 67,000 of whom are tamariki and rangatahi Māori, and 20,000 of whom are Pacific. We estimate that disabled people make up approximately 5% of this population. The children, young people, whānau, and families who Oranga Tamariki works with are among those New Zealanders with the greatest wellbeing needs. Poor outcomes are intergenerational and systemic.

A key insight from engagement with children and young people in the care system is that they want the same experiences, choices, and opportunities as other tamariki and rangatahi. However, they continue to face barriers to achieving outcomes set by the Child Youth Wellbeing Strategy. Some of these barriers are set out in the **Annex**.

#### What is the Oranga Tamariki Action Plan?

This Action Plan is a statutory accountability mechanism which requires chief executives of children's agencies to work together to jointly deliver on steps to promote the best interests and holistic wellbeing of children and young people who are at risk of being involved with, are already involved with, or have been involved with our care and protection or youth justice systems.

Under the Children's Act 2014, any Action Plan must set out how children's agencies will work together to achieve the outcomes set out in the Child and Youth Wellbeing Strategy (the Strategy) for priority populations and may include any other steps considered important to improving the wellbeing of those populations.

<sup>1</sup> Children's agencies are Oranga Tamariki, New Zealand Police and the Ministries of Education, Social Development, Health and Justice, but other agencies can be involved, such as Te Puni Kōkiri, the Department of Corrections and the Ministry for Housing and Urban Development.



### Priority populations for the Oranga Tamariki Action Plan

**45,000<sup>a</sup> children who have early risk factors for future involvement in the statutory care, protection, and youth justice systems under the Oranga Tamariki Act 1989**



**2,110 children who are subject to proceedings or orders under Part 4 of the Oranga Tamariki Act 1989 (which relates to youth justice), or who are remanded in the custody of the chief executive of the department under section 173 or 174 of the Criminal Procedure Act 2011**



**59,500 children receiving assistance from the department (whether or not they are children in need of care or protection) under Part 2 of the Oranga Tamariki Act 1989 (which relates to care and protection)**



**7,150 children who are subject to a custody order, an order appointing a person specified in section 110(1)(a) to (e) of the Oranga Tamariki Act 1989 as their sole guardian, or an agreement for care, under Part 2 of that Act**



**470<sup>a</sup> young people receiving transition support from the department under Part 7 of the Oranga Tamariki Act 1989**



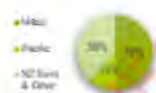
**9,300<sup>a</sup> children who have been in care who are any persons who are under the age of 21 years and**



**Total plan population: 123,060**

**Including 67,050 Māori, and 19,620 Pacific children and young people**

**12,960 Children and young people with a disability indicator**



Data as at November 2021. <sup>a</sup>For the purpose of estimating the size of this distinct population, we have used the Lifetime Wellbeing Model to determine how many children and young people not known to Oranga Tamariki have 3-4 wellbeing domains appearing as 'unwell', and how many have had a report of concern but no further involvement with Oranga Tamariki. <sup>b</sup>This group is not mutually exclusive to other groups, as many of those receiving a transitions service are also part of other tabled sub-populations. <sup>c</sup>This number does not include children and young people who have had an interaction with Oranga Tamariki within the last year (and therefore would be included in a different sub-population above).

### To achieve these outcomes for Oranga Tamariki priority populations, joint agency collaboration is needed

The responsibility for improving the wellbeing of children, young people and whānau, preventing the need for children and young people to come into care, addressing the underlying factors that contribute to offending and reducing the potential for lifelong offending, sits with a range of government agencies and requires a collective approach.

This was a key issue identified through stakeholder engagement for the report of the Ministerial Advisory Board (*Kahu Aroha*): the need for collaboration between government agencies. <sup>2</sup> The Māori stakeholders that the Board spoke to talked about agencies working in 'silos' and all stakeholders raised the importance of taking a preventative approach, and that collaboration would be needed to achieve this. Māori and communities described a clear need for prevention services to come from them, with Oranga Tamariki and other agencies playing a supporting role.

"There needs to be a cross-government agreement on supporting children – social workers in schools, hospitals, care and protection need to be on the same side not dumping the work." – Oranga Tamariki staff member

<sup>2</sup> *Hipokingia ki te Kahu Aroha, Hipokingia ki te katoa (Kahu Aroha)*: the initial report of the Oranga Tamariki Ministerial Advisory Board, July 2021. <https://www.beehive.govt.nz/release/government-transform-oranga-tamariki>



The Oranga Tamariki Action Plan drives a shared accountability and monitoring framework across children's agencies to improve the wellbeing of Oranga Tamariki priority populations and prevent the need for them to come into care or be involved with the youth justice system. It is also one of the mechanisms to support implementation of the Oranga Tamariki Future Direction Plan.<sup>3</sup>

"Arguments with other government agencies to step up makes no scrap of difference. We try but it's a waste of our time. Other agencies put a distance between Oranga Tamariki and their agency. Oranga Tamariki is left with the problem". – Oranga Tamariki social worker

Oranga Tamariki social workers, alongside all kaimahi working with whānau, need support from other agencies to do their job and build trust with children, young people, families, whānau, and communities. Social workers need to be able to confidently refer children and young people to essential health, education and youth justice services, and alert other agencies to issues that need to be rectified. In addition, access to services and support is critical when young people are leaving care and youth justice residences. There need to be good cross-agency relationships at the front line to support these requirements.

### **The Action Plan supports and builds on change programmes underway across government, both within and between agencies**

There are significant reform programmes underway in the education, health and justice sector, as well as development and implementation of a strategy for Family Violence and Sexual Violence, and a model for public service in the regions. Social sector agencies have agreed on a set of principles that will govern the future of social sector commissioning, with a focus on local collaboration and relational ways of working.<sup>4</sup> The Action Plan needs to leverage existing or emerging change programmes and ensure that it aligns with, and complements, the strategic direction of other relevant initiatives, avoiding duplication or overlap of efforts.

In common with many of these change programmes, this Action Plan:

- has a focus on intervening before issues and challenges emerge, escalate, and impact on long-term outcomes
- ensures all agencies act as one team, with the sole focus on resolving any issues facing children and their whānau involved with Oranga Tamariki
- demands partnership and collaboration with hapū, iwi and Māori organisations and empowers the voices of Māori tamariki, rangatahi, and whānau
- aims to bring direction and decision making on service and system design to a local community or regional level, where the specific opportunities and challenges of that area can be taken into account by local people who know what will work

Other drivers of cross-agency actions that impact on outcomes for the priority populations include the Youth Crime Action Plan, the Learning Support Action Plan, and a range of actions under the Child and Youth Wellbeing Strategy.

<sup>3</sup> Oranga Tamariki Future Direction Plan, September 2021. <https://www.orangatamariki.govt.nz/about-us/news/mab-report-released/>

<sup>4</sup> Social Sector Commissioning: Progress, principles and next steps. August 2020. <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/planning-strategy/social-sector-commissioning/index.html>



## Actions will have a significant impact on Māori, Pacific, and disabled people

We will be focusing our efforts on these groups to ensure that they receive services that meet their needs and improve their wellbeing.

### *Māori and Te Tiriti o Waitangi*

Given the over-representation of tamariki and rangatahi Māori in Oranga Tamariki priority populations, the Action Plan seeks to reduce these disparities. Children's agencies have obligations under Te Tiriti o Waitangi to achieve equity and improve outcomes for tamariki and rangatahi Māori.

Our approach and our response to our Te Tiriti commitments must be created in partnership with whānau, hapū, iwi, Māori organisations and communities. Under the Oranga Tamariki Act 1989, the chief executive of Oranga Tamariki has specific obligations to improve outcomes for tamariki and rangatahi Māori and uphold and protect the familial structures of whānau, hapū, and iwi. Oranga Tamariki needs the support of other agencies to do this.

"[It's] all about supporting iwi to lead out for their rohe – that's what the officials have to trust. They're not the point – it's about whānau. Government have to shift their mindset to follow the iwi. [That's the] best way of collectivising and avoiding competition and duplication".  
– Representative from Oranga Tamariki s7AA strategic partner

### *Pacific people*

A considerable number of Pacific children and young people come to the attention of Oranga Tamariki; many of whom also whakapapa to Māori. The child poverty indicators highlight Pacific children as experiencing greater inequities in relation to having the basic living needs when compared to other population groups. Pacific children are more likely to be admitted to hospital and experience some of the highest disparities in health and wellbeing. Our response includes a significant focus on partnering with Pacific families, providers, and communities to improve outcomes for Pacific peoples, acknowledging that Pacific people are not one group and belong to a range of communities.

### *Disabled people*

Action will be undertaken alongside disabled people and the disability sector, including youth and whānau voices. Disabled children and young people experience greater inequities and are more likely to be abused and be left in abusive environments when compared to other population groups. The Ombudsman's report *He Take Kōhukihuki* highlighted the need to uphold the rights of all disabled people Oranga Tamariki works with, including tamariki, rangatahi and disabled parents in ways consistent with the social and rights-based model of disability.<sup>5</sup>

## Actions have been developed under four categories

Actions have been developed to drive collaboration across agencies in a way that is guided by evidence, by communities, and by the voices and needs of tamariki, rangatahi, and whānau. There is a focus on practical short-term actions, as well as more long-term joint actions to meet the identified needs of priority populations.

Many of the actions will support the Oranga Tamariki Future Direction Plan (indicated with the icon), particularly those aimed at galvanising cross agency support for local communities, iwi, hapū, NGOs and agencies to take ownership of the local system that

<sup>5</sup> *He Take Kōhukihuki | A Matter of Urgency*. Investigation Report into policies, practices, and procedures for the removal of newborn pēpi by Oranga Tamariki, Ministry for Children. Chief Ombudsman, August 2020.  
[https://www.ombudsman.parliament.nz/sites/default/files/2020-10/He Take Kōhukihuki | A Matter of Urgency-OT Report-102020-DIGITAL.pdf](https://www.ombudsman.parliament.nz/sites/default/files/2020-10/He%20Take%20K%C5%8Dhukihuki%20A%20Matter%20of%20Urgency-OT%20Report-102020-DIGITAL.pdf)



supports whānau and prevents harm to children and young people in the way they know will work for their people. We expect these actions to have an impact on a wide range of children and young people who may need additional services and supports, and who may or not be at risk of harm and involvement with Oranga Tamariki.

The Actions are set out in the attached appendix under the following four categories:

- building an evidence-based picture of need
- short term practical steps
- meeting children's and young people's needs and building whānau resilience
- community led, regionally enabled, centrally supported prevention.

Within these categories, there is a particular focus on meeting the health, education and housing needs of children and young people, as these have been identified as key determiners of wellbeing that other agencies play a lead role in.

### **We will measure, respond, and learn as we go**

A key focus of the Action Plan is to develop and build on the evidence and insights we have about Oranga Tamariki priority populations and their needs. We will develop a whole-of-government picture, including evidence of the key gaps and problems within the system, and how the system is or is not meeting needs. We will learn from insights from regions and communities about their needs and aspirations, as well as evaluations of initiatives and actions. Agencies will take an agile approach to respond to this evidence as it emerges. This means that the Action Plan, and joint priorities across agencies, will evolve over time.

Children's agencies are jointly responsible for delivering on the Action Plan. The Social Wellbeing Board<sup>6</sup> and the Child and Youth Wellbeing Ministers, led by the Minister for Children, will provide monitoring and oversight of implementation of the Action Plan.

In addition, the Independent Monitor of the Oranga Tamariki System will play an important role to assess the contributions of all agency partners to meeting the wellbeing needs of children, and the impact of policies and practices of relevant agencies on the priority populations.

Implementation and evaluation of the actions will be reported on, and a new version will be released, following the upcoming review of the Child and Youth Wellbeing Strategy.

"Not just Oranga Tamariki, but bringing all the agencies together and committing them to this kaupapa, to model and commit. This is the kaupapa that can/should/must bring them together". – Māori stakeholder

<sup>6</sup> The Social Wellbeing Board is a group of chief executives of social sector agencies that meet regularly, including the chief executives of the children's agencies.



## Annex: Barriers faced by children and young people in Oranga Tamariki priority populations

### Health and wellbeing

- The children, young people, and their families and whānau that Oranga Tamariki are involved with often have multiple, complex needs, including the combined impacts of poverty, racism and discrimination, long-term unemployment, low income, poor housing, unaddressed physical and mental health needs, alcohol and drug abuse, family breakdown and family violence.
- Children in care are significantly more likely to have a diagnosed disability than other children known to Oranga Tamariki. This is associated with additional support needs for schooling, along with more frequent contact with hospitals and mental health service providers.
- One in seven children in New Zealand grow up in violent homes. One on three girls, and one in seven boys, are subject to some form of sexual abuse by the time they reach sixteen years.
- Traumatic experiences increase the likelihood of experiencing poor mental health and addictions.
- Young people in care are significantly more likely to develop adult health conditions. Mental health treatment and substance usage treatment is much more prevalent for the cohorts that have had prior interaction with Oranga Tamariki.

### Stigma and discrimination

- It is likely that the ongoing impacts of colonisation and racism have contributed to the disproportionate number of reports of concern received for tamariki Māori, and tamariki Māori are more often referred for further assessment or family group conference (FGC).
- Children and young people in the care and youth justice systems often experience stigma and discrimination as a result of their involvement in the system.
- This can be compounded with stigma resulting from other factors, for example disability or identifying as SOGIESC (Sexual Orientation, Gender Identity and Expression, and Sex Characteristic) diverse.

### Youth Justice

- Children and young people with offending behaviours have usually experienced disproportionate socio-economic deprivation and are more likely to have parents who have had interactions with Oranga Tamariki as children when compared to the rest of the population (particularly Family Group Conferences and care experience).
- Children aged 0-5 years with a parent with a corrections history are 8.7 times more likely to have an Oranga Tamariki placement.
- People with FASD neurodiversity are likely to be overrepresented in the youth justice system. FASD and neurodiversity impacts on a child or young person's behaviour and the interventions that may be appropriate for them.
- Children and young people who have statutory involvement with both care and protection and youth justice have poorer wellbeing indicators at age 17. In their early adult life they are more likely to receive a benefit, less likely to be engaged in education and more likely to receive mental health or substance use treatment.
- Children and young people who have statutory youth justice involvement are more likely as an adult to offend and receive multiple corrections sentences by the age of 22.

### Whānau centred services

- Traditional policy approaches to improve outcomes for individuals have delivered poor outcomes for Māori.
- Traditional Māori society is based on collectives. Whānau are the foundation of Māori society, and are the fundamental transformational change agent for wellbeing and intergenerational change.
- There are not enough whānau-centred services and supports, and not enough are based in tikanga Māori and delivered by iwi and Māori organisations.

### Education

- Care-experienced children and young people are much more likely to change schools – which often negatively affects learning, social skills, and relationships.
- Caregivers, social workers and teachers need to believe in their potential, and advocate to have their needs identified and met (such as learning support needs).
- Children who are in care or have care experience have significantly higher representation across a range of school disengagement indicators. They are significantly less likely to achieve NCEA level 2 and are more likely to have negative outcomes as a result, such as benefit dependency, offending, and not being in education, employment, or training.

### Cultural connection

- Connection to culture is integral to wellbeing. Children and young people need to be recognised as part of their whānau, hapū, iwi, family and community.
- Children want to, and it is important that they, feel a sense of belonging. However, for children in care, caregivers may not have the support to navigate and encourage connection with Māori and Pacific culture.

### Transition to adulthood

- The government services system is difficult to navigate for young people. This makes it challenging for young people to receive support in key areas, such as mental health, housing, income and employment support. The economic and social impacts of COVID-19, particularly lower employment opportunities, are likely to fall disproportionately on these young people.
- Young people leaving care face additional challenges as they move to independence, such as difficulty accessing support to find accommodation or jobs.

### COVID-19

- It is expected a number of longer-term impacts of COVID-19 and our pandemic response will become visible over the course of children and young peoples' lifetimes.
- The number of children experiencing material hardship is expected to increase and those children will be more likely to experience worse cognitive, social, behavioural, and health outcomes both during childhood and into adulthood.
- Increased economic pressure can be associated with higher levels of family harm. Childhood exposure to family violence and poor mental health increases the risk of mental distress and substance-related harm in adult life.
- Educational disengagement arising from school closures is a risk both from an inequity of opportunity perspective and for increased youth unemployment.



**IN-CONFIDENCE – DRAFT at 10 November 2021**  
**Appendix: DRAFT OTAP Actions**

**Key**

Contributes to the Oranga Tamariki  
Future Direction Plan

	Action		Description	Lead(s)
 <b>Short-term practical steps</b>	1	CE's expectations	Children's agency chief executives will clarify expectations to frontline decision-makers of the roles and responsibilities of agencies for urgently meeting the needs of the children, young people and whānau who are engaged with Oranga Tamariki or are likely to come to the attention of Oranga Tamariki. Longer-term, there could be a corresponding responsibility for agencies to report back on how they are fulfilling these responsibilities and what's changed.	Children's agencies
	2	Ministerial Meeting papers	Introduce a requirement that all papers that go to Child and Youth Wellbeing Strategy (CYWS) Ministerial Meetings and Cabinet Social Wellbeing Committee include analysis of the impacts on core populations of interest, and specific steps or actions needed to meet the needs and aspirations of these groups.	Children's agencies
	3	Drive support for locally-led prevention plans	The Public Service Commissioner will ask Regional Public Service Commissioners to: <ul style="list-style-type: none"> <li>• support iwi, hapū, communities and agencies to collaborate on plans to prevent harm and improve the wellbeing of children, young people, and their families in the priority populations in the region</li> <li>• identify and communicate to the Social Wellbeing Board what is needed from central government to meet needs and community aspirations for children, young people and whānau.</li> </ul>	Public Service Commissioner
	4	Practical, high-impact action identification	Each agency will identify practical, high impact actions they can lead to meet the needs of priority populations.	Children's agencies and other relevant agencies as identified.
 <b>Meeting children's and young people's needs and building whānau resilience</b>	5	Access to health, disability and education services	Advise Ministers on practical, high-impact short and longer-term options to support priority populations to access education, health (including mental health) and disability services to meet their needs. This could include options for expanding or replicating collaborative practices that are already working well	Oranga Tamariki, MoE, MoH
	6	Education high needs review	Review education supports for children and young people with the highest levels of need, including the Ongoing Resourcing Scheme, and identify steps to ensure they are meeting needs of children and young people, and delivering the intended outcomes.	Ministry of Education, Oranga Tamariki
	7	Housing	Review the housing system settings to identify short and longer-term opportunities to improve access to suitable, safe and stable housing for priority populations, including young people transitioning out of care.	MSD, HUD, Kainga Ora, MBIE, MoH, Oranga Tamariki
 <b>Community led, regionally enabled, centrally supported prevention</b>	8	Investment in prevention	Identify opportunities to leverage off the investment in primary prevention actions set out in the Action Plan for the National Strategy to Eliminate Family Violence and Sexual Violence. This includes actions targeted to children and young people so they understand healthy relationships, how to seek help, and ensuring they can access tailored services.	Oranga Tamariki, Child Wellbeing Unit
	9	Support and respond to locally-led prevention plans, with an initial focus on the first 1000 days	Children's agency CEs, through the Social Wellbeing Board, will: <ul style="list-style-type: none"> <li>• support iwi hapū, communities and agencies to take ownership of the local system that supports whānau and prevents harm, and collaborate on locally-led prevention plans, in line with the future direction of social sector commissioning. There will be an initial focus on establishing an integrated, holistic approach to support families and whānau with children in the first 1000 days who have the greatest needs/early risk factors for future involvement in the care, protection and youth justice systems</li> <li>• respond to community needs and aspirations for children, young people and whānau as identified in the plans.</li> </ul>	Child Wellbeing Unit, Social Wellbeing Board
 <b>Building an evidence-based picture of need</b>	10	Quarterly Dashboard	An evidence and indicator dashboard will be developed for regular, evidence-based discussions at meetings of the Social Wellbeing Board and Child and Youth Wellbeing Ministerial Group, to ensure that we are making a difference. The dashboards will include data on the needs and experiences of the population of interest, such as the number of children and young people referred for further health assessments, or assessed as having specific education needs.	Social Wellbeing Agency, Oranga Tamariki
	11	Regular in-depth assessment of particular needs	Following on from the quarterly dashboard, specific needs will be identified for further evidence deep dives (such as on health, housing, education needs) with a focus on spotlighting insights from children and whānau, and feedback from social workers on how they could be supported.	Social Wellbeing Agency, Oranga Tamariki
	12	Regional wellbeing data and need pictures	Communities must know the needs of their people in order to develop community solutions. We will provide evidence and data to regional leaders to inform community-led planning, and give communities the opportunity to share their needs and aspirations so that we can support them.	Oranga Tamariki, Social Wellbeing Agency











## Appendix: DRAFT OTAP Actions

## Key



Contributes to the Oranga Tamariki Future Direction Plan

	Action		Description	Lead(s)
 Short-term practical steps	1	CE's expectations	Children's agency chief executives will clarify expectations to frontline decision-makers of the roles and responsibilities of agencies for urgently meeting the needs of the children, young people and whānau who are engaged with Oranga Tamariki or are likely to come to the attention of Oranga Tamariki. Longer-term, there could be a corresponding responsibility for agencies to report back on how they are fulfilling these responsibilities and what's changed.	Children's agency CEs
	2	Ministerial Meeting papers	Introduce a requirement that all papers that go to Child and Youth Wellbeing Strategy (CYWS) Ministerial Meetings and Cabinet Social Wellbeing Committee include analysis of the impacts on core populations of interest, and specific steps or actions needed to meet the needs and aspirations of these groups.	Children's agencies
	3	Drive support for locally-led prevention plans	The Public Service Commissioner will ask Regional Public Service Commissioners to: <ul style="list-style-type: none"> <li>• support iwi, hapū, communities and agencies to collaborate on plans to prevent harm and improve the wellbeing of children, young people, and their families in the priority populations in the region</li> <li>• identify and communicate to the Social Wellbeing Board what is needed from central government to meet needs and community aspirations for children, young people and whānau.</li> </ul>	Public Service Commissioner
	4	Practical, high-impact action identification	Each agency will identify practical, high impact actions they can lead to meet the needs of priority populations.	Children's agencies and other relevant agencies as identified.
 Meeting children's and young people's needs and building whānau resilience	5	Access to health, disability and education services	Advise Ministers on practical, high-impact short and longer term options to support priority populations to access education, health (including mental health) and disability services to meet their needs. This could include options for expanding or replicating collaborative practices that are already working well.	Oranga Tamariki, MoE, MoH
	6	Education high needs review	Review education supports for children and young people with the highest levels of need, including the Ongoing Resourcing Scheme, and identify steps to ensure they are meeting needs of children and young people, and delivering the intended outcomes.	MoE, Oranga Tamariki
	7	Housing	Review the housing system settings to identify short and longer-term opportunities to improve access to suitable, safe and stable housing for priority populations, including young people transitioning out of care.	HUD, MSD, Kainga Ora, MBIE, MoH, Oranga Tamariki
 Community led, regionally enabled, centrally supported prevention	8	Investment in prevention	Identify opportunities to leverage off the investment in primary prevention actions set out in the Action Plan for the National Strategy to Eliminate Family Violence and Sexual Violence. This includes actions targeted to children and young people so they understand healthy relationships, how to seek help, and ensuring they can access tailored services. 	Oranga Tamariki, Joint Venture Business Unit
	9	Support and respond to locally-led prevention plans, with an initial focus on the first 1000 days	Children's agency CEs, through the Social Wellbeing Board, will: <ul style="list-style-type: none"> <li>• support iwi, hapū, communities and agencies to take ownership of the local system that supports whānau and prevents harm, and collaborate on locally-led prevention plans, in line with the future direction of social sector commissioning. There will be an initial focus on establishing an integrated, holistic approach to support families and whānau with children in the first 1000 days who have the greatest needs/early risk factors for future involvement in the care, protection and youth justice systems</li> <li>• respond to community needs and aspirations for children, young people and whānau as identified in the plans.</li> </ul> 	Child Wellbeing Unit, Social Wellbeing Board
 Building an evidence-based picture of need	10	Quarterly Dashboard	An evidence and indicator dashboard will be developed for regular, evidence-based discussions at meetings of the Social Wellbeing Board and Child and Youth Wellbeing Ministerial Group, to ensure that we are making a difference. The dashboards will include data on the needs and experiences of the population of interest, such as the number of children and young people referred for further health assessments, or assessed as having specific education needs.	Social Wellbeing Agency, Oranga Tamariki
	11	Regular in-depth assessment of particular needs	Following on from the quarterly dashboard, specific needs will be identified for further evidence deep dives (such as on health, housing, education needs) with a focus on spotlighting insights from children and whānau, and feedback from social workers on how they could be supported. 	Oranga Tamariki, Social Wellbeing Agency
	12	Regional wellbeing data and need pictures	Communities must know the needs of their people in order to develop community solutions. We will provide evidence and data to regional leaders to inform community-led planning, and give communities the opportunity to share their needs and aspirations so that we can support them. 	Social Wellbeing Agency, Oranga Tamariki



# Briefing

## Supporting regular health checks for tamariki in the care of Oranga Tamariki

**Date due to MO:** 9 December 2021 **Action required by:** 23 December 2021

**Security level:** IN CONFIDENCE **Health Report number:** HR20211018

**To:** Hon Andrew Little, Minister of Health

### Contact for telephone discussion

Name	Position	Telephone
<b>Derek Senior</b>	Manager, Family and Whānau Policy, Family & Community Health Policy, System Strategy & Policy	s 9(2)(a)
<b>Steve Barnes</b>	Group Manager, Family & Community Health Policy, System Strategy & Policy	s 9(2)(a)
<b>Caroline Flora</b>	Associate Deputy Director-General, System Strategy & Policy	s 9(2)(a)

### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

# Supporting regular health checks for tamariki in the care of Oranga Tamariki

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**Security level:** IN CONFIDENCE      **Date:** 9 December 2021

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**To:** Hon Andrew Little, Minister of Health

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## Purpose of report

1. This report discusses a requirement in the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 (the Regulations) that tamariki in care have access to an annual health check, and how the Ministry of Health (the Ministry) is supporting these checks to occur.
2. Improving regular access to health services is part of a wider piece of work to develop and implement an Oranga Tamariki Action Plan (OTAP), which Ministers discussed at the recent Child Youth Wellbeing Strategy Ministers' Meeting on 15 November 2021.
3. This report discloses all relevant information and implications.

## Summary

4. Tamariki in the care of Oranga Tamariki<sup>1</sup> experience poorer mental and physical health outcomes compared to tamariki who are not. Initial findings from an internal Ministry study *Contact with Oranga Tamariki and use of health services for children aged under 5 years* found that those in the care of Oranga Tamariki were more likely to have been born in a deprived area, were more likely to be hospitalised with an injury, and their B4 School Check was more likely to have an outcome of "referral or under care" for their vision, hearing, and oral health.
5. All tamariki in Aotearoa are entitled to a range of universal, targeted, and specialist health and disability services such as dental care, immunisations, primary health care, and Well Child Tamariki Ora. These services are funded by the Ministry and district health boards (DHBs). Oranga Tamariki also provides, funds, and supports access to services specifically for tamariki and rangatahi in care.
6. Insufficient access to health and disability services could be a reason for the disproportionately poor health outcomes for tamariki in care, though inequities in health outcomes are also strongly correlated with inequities in the wider social determinants of health (eg, transport, employment, housing, and cultural identity). A range of factors could impact on tamariki access to health and disability services including services not having a clear pathway, lack of an effective adult advocate to ensure health issues are

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<sup>1</sup> Tamariki who are at risk of harm can be taken into the care of Oranga Tamariki where they are placed in Youth Justice residences, Care and Protection facilities, or with whānau or a provided caregiver.



addressed, and reluctance to access or receive health services because of historic trauma. We know the health and disability system can do better to improve health outcomes for tamariki in care.

7. We have a responsibility to improve health outcomes for tamariki in care. Under the Oranga Tamariki Act 1989, the Ministry is designated a *child and welfare protection agency*, with responsibilities to prevent and respond to harm suffered by tamariki in the care of Oranga Tamariki. The Ministry needs to ensure that services are accessible and available for tamariki in the care of Oranga Tamariki, and that health and disability services can identify emerging needs.
8. The Regulations have set out standards of care that tamariki and rangatahi in the care of Oranga Tamariki require to be well, and the support caregivers should expect to receive. Specifically, clause 35(1)(b), requires that the child or young person has (or has access to) an annual health check by a health professional.
9. When health checks occur, it is likely that other requirements in the Regulations will also be met for tamariki to:
  - enrol with a primary health organisation from which they can access medical services (clause 35(1)(a))
  - access an annual dental check (35(1)(d))
  - be supported to access other health services (eg, private health services or therapeutic services) if existing publicly funded services to address their needs are not available in a timely manner (clause 35(1)(g)).
10. The Regulations do not seek to define what an 'annual health check' is or what it should cover, providing flexibility in terms of what can constitute an annual health check. We considered on how we interpret the requirement for an annual health check. We recommend that an annual health check should involve utilising existing universal health services (eg, Well Child Tamariki Ora, B4 School Checks, general practice services, oral health services, and immunisations).
11. The 'annual' nature of the requirement in the Regulations should be interpreted as an absolute bare minimum, and that regular contact with health and disability services is strongly preferred. Regular contact (i.e., interacting with a health and disability provider several times a year) with health and disability services can contribute to overall improved health and wellbeing for tamariki. Interactions with the health and disability system can provide an opportunity to reduce the risk of getting sick, detect health conditions early, increase chances for treatment, and limit risk of complications by closely monitoring existing conditions. This level of engagement and familiarity with a health provider may also encourage their whānau or caregiver to seek support if they notice issues at other times.
12. The Ministry will continue to improve and support regular health checks by encouraging and supporting uptake of universal health services. We will continue to provide guidance for social workers to navigate the health and disability system as well as prioritising tamariki in care to access Well Child Tamariki Ora enhanced support pilots. Work is underway to address the barriers of access tamariki in care face to receive these services.
13. The Ministry will also consider what can be done to further support regular health checks as part of the Oranga Tamariki Action Plan (OTAP). Under the Children's Act 2014,

children's agencies will develop an OTAP that will set out how the chief executives of children's agencies (including the Ministry) will work collectively to improve the wellbeing of the populations of interest (eg, tamariki in care, tamariki who may come into care, and tamariki who have been in care previously) to Oranga Tamariki.

14. On 15 November 2021, the Minister for Children chaired the Children Youth Strategy Wellbeing Ministerial meeting and discussed a draft OTAP and how the children's agencies can support the implementation of the actions. There are several key draft actions that are most directly relevant to the health and disability system including identifying practical, high impact actions they can lead to meet the needs of priority populations and supporting priority populations to access health and disability services. We understand that Ministers were supportive of the draft actions.
15. Following the discussions on the draft OTAP, you recently wrote to the Director-General of Health asking for advice on how the Ministry can improve access to eligible health services by children, young people, and whānau working with Oranga Tamariki. We will report back by the end of January 2022 on the actions identified that can improve frontline collaboration and options for prioritising access.
16. The health and disability system transformation also provides an opportunity to improve access and effectiveness of health and disability services for tamariki in the care of Oranga Tamariki. The reforms will create a population health approach that will integrate patient and whānau-centred models at the primary and community services level. This approach can contribute to improving access to regular health checks for tamariki in the care of Oranga Tamariki.
17. We will update you on our progress on the OTAP through briefings and weekly updates as appropriate.

## Recommendations

We recommend you:

- a) **Note** that the Ministry of Health has a responsibility to ensure tamariki in the care of Oranga Tamariki receive or have access to an annual health check under the Oranga Tamariki Act 1989 and the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018.
- b) **Note** that by ensuring tamariki have access to regular health checks, other important clauses in the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 will be met to ensure tamariki:
  - are enrolled with a primary health organisation (clause 35(1)(a))
  - have access to an annual dental check (clause 35(1)d))
  - are supported to access other health services if existing publicly funded services to address their needs are not available in a timely manner (clause 35(1)(g)).

- c) **Note** that the Ministry of Health will continue to support regular health checks by encouraging and supporting uptake of universal health services (eg, Well Child Tamariki Ora, B4 School checks, general practice services, oral health services, and immunisations as scheduled and required) by providing guidance to social workers and prioritising tamariki in care in the Well Child Tamariki Ora enhanced support pilots.
- d) **Note** that the Ministry of Health will explore what can be done to further support regular health service access as part of the development of the Oranga Tamariki Action Plan as well as improving access and effectiveness of health and disability services through the health and disability system reforms.
- e) **Note** that the Ministry of Health and Oranga Tamariki will work together on the Oranga Tamariki Action Plan and what might be expected of the Ministry of Health and that you will be updated through briefings and weekly updates as appropriate.
- f) **Agree** to share this briefing with Hon Kelvin Davis, Minister for Children. **Yes/No**



Caroline Flora  
Associate Deputy Director-General  
**System Strategy & Policy**  
Date: 06/12/2021

Hon Andrew Little  
**Minister of Health**  
Date:

# Supporting regular health checks for tamariki in the care of Oranga Tamariki

## A range of factors contribute to tamariki in care experiencing disproportionately poorer health outcomes

1. Tamariki who are in the care of Oranga Tamariki are more likely to be disproportionately exposed to the social determinants of poor health such as adverse childhood experiences including, exposure to violence; abuse and neglect; parental separation or divorce; and living with household members with mental illness, who misuse substances and/or have a history of incarceration<sup>2</sup>. Adverse childhood experiences can predict chronic health conditions and other indicators of poor health, even after controlling for a range of socioeconomic and demographic factors.
2. Initial findings from an internal Ministry study *Contact with Oranga Tamariki and use of health services for children aged under 5 years* found that tamariki who had any contact with Oranga Tamariki in their first five years of life had significantly worse outcomes compared to the general population across a broad range of health indicators (attached as Appendix 1). Those in the care of Oranga Tamariki were more likely to have been born in a deprived area, to be hospitalised with an injury, and their B4 School Check was more likely to have an outcome of "referral or under care" for their vision, hearing, and oral health.
3. Tamariki in care also face wider inequities including the natural and built environment (eg, transport, population density, pollution, and access to health and disability services), employment and income, housing, interpersonal violence (including family and sexual violence), and cultural identity and social inclusion. Due to the pivotal role of early childhood development, addressing inequities in the wider determinants of health during the early years is particularly important.
4. A range of factors can also impact access to health and disability services for tamariki in the care of Oranga Tamariki. These include services not having a clear pathway for tamariki to receive the different elements of care they may require, the lack of an effective adult advocate to ensure that health problems are recognised and addressed, and historical traumatic experiences for tamariki, which may make them reluctant to access or receive health and disability services.
5. As a children's agency, the Ministry is working to better understand the drivers of these poor health outcomes that tamariki in care disproportionately experience. We know we can do better to improve regular health checks for tamariki in care, and the interaction they have with the health and disability system.

## Tamariki are entitled to a range of free health and disability services

6. All tamariki in Aotearoa are entitled to receive a range of free health and disability services, ranging from primary health care services and universal checks intended for

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<sup>2</sup> Boullier, Mary, and Mitch Blair. "Adverse childhood experiences." *Paediatrics and Child Health* 28.3 (2018): 132-137.

everyone, through to more specialist services. Regular contact with the health and disability system is critical, both for milestone screening (eg, WCTO) and when health issues arise. It is important to have a set of good, trusted, and readily available health and disability services for tamariki to access.

7. **Table 1** outlines the health and disability services that tamariki and rangatahi are entitled to access.

**Table 1. Tamariki and rangatahi health and disability services (0-24 years old)**

Age	Free universal services	Targeted services	Specialist services
0-24 years old	GP visits and prescriptions for under 14s Dental care for under 18s Immunisations	Immunisation outreach Oral health high needs	Emergency department medical and surgical Child disability support services Child and adolescent mental health services
0-6 years old	Newborn hearing and metabolic screening Well Child Tamariki Ora Vision and hearing testing as part of B4 School Check Maternity services	Primary mental health services	Paediatrics
6-12 years old	Primary mental health services Vision and hearing testing as part of B4 School Check Well Child Tamariki Ora	–	Child development for children with additional needs
12-24 years old	School-based Health Services	Public health programmes (eg, sexual and reproductive health)	Mental health and addiction services

8. Oranga Tamariki also funds and supports access to services specifically for tamariki and rangatahi in care, where they are not available through other channels. The services provide transition support services for rangatahi to provide personal health services in youth justice and care and protection residences and Gateway assessments.

## **The Ministry of Health has a responsibility to ensure tamariki in care have access to health and disability services**

9. Under the Oranga Tamariki Act 1989, the Ministry is designated a *child welfare and protection agency* (children's agency), with responsibilities to prevent and respond to harm suffered by tamariki in the care of Oranga Tamariki.

10. As a children's agency, the Ministry needs to ensure that services are accessible and available for tamariki in care, and that health and disability services can identify emerging needs. Given the high proportion of tamariki in Oranga Tamariki care who are Māori, culturally appropriate services (eg, delivered by kaupapa Māori health providers) need to be readily available and accessible.

## **Regulations are in place for tamariki to receive support to maintain and improve health outcomes**

11. In 2019, the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 (the Regulations) came into effect. The Regulations set out the standards of care that tamariki and rangatahi in Oranga Tamariki care require to be well, and the support caregivers should expect to receive. Implementing the Regulations will lift the quality of care for tamariki and offer better support to their caregivers.
12. The box below outlines clause 35(1) in the Regulations that covers a range of requirements for the Chief Executive of Oranga Tamariki to ensure that support is provided to address the health needs of tamariki and rangatahi in care. Specifically, clause 35(1)(b) ensures that the child or young person has (or has access to) an annual health check by a health professional. The Regulations are a list of the entitlements that tamariki in care should expect, that we interpret as the bare minimum level of care required. Clause 35(1) should be what all tamariki, irrespective of care status should receive to maintain and health.

### **Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 Clause 35(1) Support to maintain and improve health**

The chief executive [of Oranga Tamariki] must ensure that support is provided to address the health needs of a child or young person in care or custody, including by taking reasonable steps to -

- (a) ensure that the child or young person is enrolled (in consultation with their parents or guardians) with a primary health organisation from which they can access medical services; and
- (b) ensure that the child or young person has (or has access to) an annual health check by a health professional; and
- (c) ensure that the child or young person has access to a health practitioner with the same knowledge and experience of cultural values and practices as required under regulation 13 when the child's or young person's health needs are assessed; and
- (d) in the case of children and young people over the age of 2 years, ensure that they have (or have access to) an annual dental check; and
- (e) ensure that health information is provided to the child or young person on relevant health matters (for example, physical development and growth, healthy relationships, and positive attitudes to sexual health, psychological, and emotional health), including how health services can be accessed; and
- (f) ensure that the child or young person is supported and assisted (in consultation with their parents or guardians) to access publicly funded health services to address their health needs; and

- (g) ensure that a child or young person is supported to access other health services (for example, private health services or therapeutic services) if existing publicly funded services to address their needs are not available in a timely manner.

13. Supporting the requirement for access to a regular health check can help to identify whether the health needs of tamariki care are being met, as well as being an entry point to satisfy several clauses in the Regulations for tamariki to:
- enrol with a primary health organisation from which they can access medical services (clause 35(1)(a))
  - access an annual dental check (35(1)(d))
  - be supported to access other health services (eg, private health services or therapeutic services) if existing publicly funded services to address their needs are not available in a timely manner (clause 35(1)(g)).

## We have given consideration on how we interpret the requirement for an annual health check

14. The Regulations do not seek to define what an 'annual health check' is or what it should cover, providing flexibility in terms of what can constitute an annual health check.
15. An annual health check could either:
- take the form of a **standalone health check**, that is additional to other health services provided for tamariki. This would be done in conjunction with clinicians, and broad enough to cover the range of health needs for tamariki in care but specific enough to effectively identify health needs. It would be a comprehensive checklist that health practitioners would need to follow when providing the check for tamariki in care, or
  - involve **utilising existing universal health services** to fulfil the expectation of an annual health check. This would involve ensuring the uptake of existing universal health services (eg, Well Child Tamariki Ora, free prescriptions and GP visits for under 14s, community oral health services, B4 School Checks, and immunisation)
16. **Table 2** summarises the key points considered regarding each approach.



**Table 2: Approaches considered for what an annual health check involve**

	<b>Develop a standalone specified annual health check</b>	<b>Utilise existing universal health services to fulfil the expectation of at least an annual health check</b>
Relationship with existing services	<p>Could serve as a referral point for other health services, but also potentially duplicates elements of those services.</p> <p>A specific health check for children in care is currently provided through the Gateway assessment (described in para 28).</p>	<p>Involves utilising existing universal health services that are already in place, including Well Child Tamariki Ora, free prescriptions and GP visits for under 14s, B4 School Checks, and immunisation. Starting and maintaining a trusted relationship with these services is important for long term health and wellbeing.</p> <p>Barriers of access for Māori and Pacific tamariki to access universal health services (eg, cultural barriers, lack of coordination across different health and disability services, difficulty navigating the health and disability system)</p>
Support for access to health services	<p>Potential to support greater access by providing a designated service for children in care.</p> <p>However, such a service could also potentially be stigmatising or pathologizing for those in care, which may discourage access</p>	<p>Dependent on how accessible universal health services are, including efforts to support children in care and social workers to access them.</p> <p>No increased stigma as all tamariki already entitled to access free services</p>
Responsiveness to individual health needs	<p>Potential to be responsive, but this is dependent on the way such a check is designed and the level of resourcing available.</p> <p>In practice this may be more of a standardised service, designed to check a determined set of measures and indicators, and link children in with relevant services in the wider health and disability system.</p> <p>Choice of provider is likely to be limited.</p>	<p>Universal health services already address a range of health needs through Well Child Tamariki and primary care.</p> <p>Some universal services may not be able to cope with tamariki with higher complex health needs (eg, neurotypical, mental health conditions). Referral pathways and support remain crucial.</p>
Cost/benefit	<p>Would require additional funding as this is provided in addition to existing services.</p>	<p>Little to no additional cost as this involves existing services.</p> <p>Benefit depends on the extent to which services can be made accessible and</p>



	Benefit is potentially very limited, as much of what is being provided would duplicate elements of existing services.  Marginal benefit (from children who receive services through this check when they don't receive other health services) would be difficult to estimate but is likely to be small.	children who are not receiving services can be identified for specific support.
Te Tiriti o Waitangi	Impact on tino rangatiratanga and the right to choose which provider and what services to receive. Consideration would need to be given to this during design stage on whether a standard, standalone check is culturally appropriate and provides holistic care.	Existing services are already expected to align with Te Tiriti o Waitangi by providing more choice and support tino rangatiratanga  There are existing gaps in health and disability system where Māori have barriers of access to existing universal health services

17. While creating a standard, standalone health check would potentially provide a single point of access to health services for these children, this is likely to duplicate existing services, and we are not convinced that the investment required would deliver significant health benefits given the availability of existing services.
18. On balance, we consider that interpreting an annual health check as something that can be provided through the regular utilisation of existing health services is the best approach to take, while noting two areas where we believe this can be improved upon.
19. First, we consider that the 'annual' nature of the requirement in the Regulations should be viewed as a bare minimum only, and that regular contact with health services should be the goal. This is particularly relevant for tamariki aged 0-5 years where there are regularly spaced checks that hinge on development milestones (eg, tamariki aged 0-2 years should interact with Well Child Tamariki Ora every few months).
20. If tamariki and rangatahi have regular contact with a health and disability provider, there are opportunities for emerging health needs to be addressed early. This level of engagement and familiarity with a health provider may also encourage whānau to seek support if they notice issues at other times. The benefits of regular check-ups with a health professional include early treatment of health conditions, staying updated with immunisations, and overall improved health and wellbeing.
21. Second, while the intent of annual checks is to make sure that tamariki in care can receive at least a minimum level of healthcare, the reality is that checks will need to be provided more proactively for some tamariki to ensure access.
22. We consider that a key area for improving the impact of health checks involves establishing systems to monitor where tamariki in care receive health services, so that those who are missing out can be specifically identified and targeted for health interventions. This type of information currently is not recorded, but we plan on exploring what might be done in this space.

## **To give effect to the care standards, we continue to support regular health checks by encouraging uptake of universal health services**

23. We will continue to support regular health checks by encouraging access to and the use of universal health services, including GP visits and prescriptions for under 14s, dental care, immunisations, Well Child Tamariki Ora, B4 School checks, and primary mental health services. Access to universal health services can also be encouraged through interactions with primary and community care while continuing to identify how we can target tamariki in the care of Oranga Tamariki.

## **We are working on improving access to universal health services (eg, Well Child Tamariki Ora) for tamariki in care**

24. Well Child Tamariki Ora checks are staged over the first four years, ensuring that there is some oversight of tamariki development and its alignment with expected milestones during the first four years of life. Similarly, School-Based Health Services ensure there is support available when rangatahi are likely to experience increasing mental health needs. These services are further targeted to rangatahi by being in school, which encourages rangatahi to use the service as they may prefer to see a health practitioner not connected with their whānau.
25. We can do more to improve access to Well Child Tamariki Ora for children that are Māori, Pacific, have disabilities, in the care of Oranga Tamariki, and those with high needs. The Well Child Tamariki Ora Review (the Review) has found that, although Well Child Tamariki Ora is making a positive difference to the health and wellbeing of many tamariki, change is required to achieve equity for Māori and Pacific tamariki. The Review identified a need to shift to a more responsive, integrated, and evidence-based approach to fully support Māori tamariki. Transformation in the long run involve shifting to a whānau-led, outcomes-based early years system of integrated services and support.
26. Work is underway to respond to the Review to improve equity, stabilise existing services and providers, strengthen current service delivery, and plan and prepare for the redesign of the WCTO programme. The WCTO enhanced support pilots will deliver culturally appropriate, whānau-based care to young families across three DHBs (eg, Lakes, Hauora Te Tairāwhiti, and Counties Manukau). The DHBs were identified as suitable pilot sites to improve equity for young parents under the age of 22, who identify as Māori and/or Pacific. Tamariki in care and their whānau who fall within these criteria may be prioritised to improve access to WCTO services. Immunisations have also recently begun in Lakes DHB enhanced support pilots for hapū māmā to receive pregnancy immunisations and pēpi to receive childhood immunisations as scheduled and required.

## **We are also engaging with Oranga Tamariki to improve guidance for social workers...**

27. Currently, social workers receive guidance that tamariki in care should visit a health professional at least once a year. The guidance states that checks can be delivered by:
- Well Child Tamariki Ora providers (ages 0-4, as part of the normal schedule of checks)
  - Youth One Stop Shops (ages 10-17) where they are available
  - School-Based Health Services (ages 14-17, available in decile 1-5 schools)

- a doctor or nurse in a primary health care practice, or Māori or Pacific health provider.
28. We know that tamariki in the care of Oranga Tamariki can have difficulty accessing universal health services, particularly for mental health services. We are working with Oranga Tamariki to ensure its social workers are aware of primary mental health supports so they can ensure the services link into universal entitlements.

#### **....and the Gateway assessment**

29. Currently, tamariki and rangatahi in care undergo a Gateway assessment by a paediatrician or youth health assessor before or as they enter care, or if their social worker identifies a need for one. These assessments are an inter-agency, multidisciplinary process to identify the health, education, and wellbeing needs of those in care, and then refer them to the services they need.
30. Gateway is generally a one-off assessment and is a mechanism to identify any health and education deficits as well as more complex health needs that require ongoing referral and treatment. The Gateway assessment will also identify whether tamariki are accessing universal health services, and if not, the assessor can refer them on. It is the responsibility of the Chief Executive of Oranga Tamariki and the caregiver to ensure the health needs of the tamariki are being met.
31. Once the Gateway assessment is complete, the coordinator will draft recommendations of the services and supports that could be provided locally to address needs. The draft recommendations can be discussed at a multi-disciplinary clinical meeting and agreed by the coordinator, social worker, health assessor, and mental health provider. The social worker will then discuss the recommendations with the caregiver and whānau and seek their agreement before making any referrals to the proposed services. The agreed services and support become part of a health and education plan that the social worker is responsible for.
32. There is scope for work to be done to improve Gateway assessments. In particular, the follow up process for referrals to ensure they have been received and tamariki prioritised. There is an opportunity to build in a stronger mental health component into the assessment. We continue to engage with Oranga Tamariki around ways to improve the Gateway process and to minimise the complexity of the medical model.

#### **We will consider how to further support regular health checks as part of work on the Oranga Tamariki Action Plan**

33. The Children's Act 2014 requires that children's agencies develop an Oranga Tamariki Action Plan (OTAP), which sets out how the chief executives of children's agencies (including the Ministry) will work together to improve the wellbeing of the populations of interest (eg, tamariki in care, tamariki who may come into care, and tamariki who have been in care previously) to Oranga Tamariki.
34. The OTAP aims to ensure that the populations of interest to Oranga Tamariki receive the holistic support they need to prevent harm, respond to challenges early, and cultivate long-term wellbeing. Several subgroups within these populations (eg, Māori, Pacific, and tamariki with disabilities) are also prioritised.

35. Recently, Cabinet agreed a future direction for Oranga Tamariki in response to the Ministerial Advisory Board *Hipokingia ki te Kahu Aroha Hipokingia ki te Katoa* report inquiry into the conduct of Oranga Tamariki childcare and protection system. The Minister for Children has directed that work on an OTAP should proceed with a simplified plan, which will set out key actions binding Oranga Tamariki and other agencies in one network.
36. On 15 November 2021, the Minister for Children chaired the Child Youth Strategy Wellbeing Ministerial meeting and discussed a draft OTAP and how the children's agencies can support the implementation of the actions in this (attached as Appendix 1). We understand that the draft actions were supported by Ministers at the meeting, and they stated a desire to continue their discussions on the OTAP with a deep dive on housing in March 2022.
37. Key actions in the current draft OTAP plan that are most directly relevant to the health system include:
- **practical, high-impact action identification:** each agency will identify practical, high impact actions they can lead to meet the needs of priority populations
  - **access to health and education services:** advise Ministers on practical, high-impact short and longer-term options to support priority populations to access education, health (including mental health) and disability services to meet their needs. This could include options for expanding or replicating collaborative practices that are already working well.
38. Following discussions on the draft OTAP you recently wrote to the Director General of Health asking for advice on how the Ministry can improve access to eligible health services by children, young people, and whānau working with Oranga Tamariki by the end of January 2022 on:
- actions that can improve frontline collaboration between agencies, and in particular actions that could better support social workers to arrange access to eligible health services
  - options for prioritising access, including which services are likely to be affected and how, any funding implications, and a timeline for when changes could be implemented.
39. We will develop advice in response to your request as part of our work with Oranga Tamariki to develop and implement the OTAP.

### **We have identified potential areas of focus for the health and disability system within the Oranga Tamariki Action Plan**

40. Going into this work, we are mindful that there are gaps in information when it comes to how often regular health checks are happening, and what work needs to be done to address the health needs of tamariki in the care of Oranga Tamariki. While we know that the tamariki that Oranga Tamariki has contact with have poorer health outcomes, we do not know how effective interventions by Oranga Tamariki, and other agencies are at improving these outcomes.
41. Focusing on access to universal services will not be going far enough in terms of addressing the wider health needs of tamariki in the care of Oranga Tamariki. We will

continue to work with Oranga Tamariki to consider what a wider interpretation of the regular health check could mean in terms of what is provided and how.

42. Work is underway to improve data sharing between the Ministry and Oranga Tamariki. This involves developing a cloud-based solution for health provider data as it relates to Oranga Tamariki Care and Protection and Youth Justice Facilities. Implementing a cloud-based solution to improve data sharing between agencies can be addressed as part of the OTAP.
43. Some possible areas where we think regular health checks could be improved include developing:
  - **systems** to monitor when tamariki in care receive health services, so that those who are missing out can be specifically identified and targeted for health interventions. There is scope to do work in this space, however current systems need to have the capability to capture this data. We will engage with Oranga Tamariki on what might be required and how it can be addressed through the health and disability system reforms
  - **guidance** on both the health needs of tamariki in care, and how these can appropriately be met to inform the professional development and practice of primary care providers working with tamariki.
44. We will work with Oranga Tamariki to identify further areas for improvement and will provide you with updates on our progress through briefings and weekly updates as appropriate.

### **The health and disability system reform also provides an opportunity to improve access and effectiveness of health services for tamariki in care**

45. The health and disability system reforms also provide opportunities to improve health outcomes for tamariki in care
46. Several priorities for the reforms align well with priorities for Oranga Tamariki, including:
  - **partnership:** seeking to ensure partnership with Māori in decisions at all levels of the system,
  - **equity:** tackling the gap in access and health outcomes between different populations, including for tamariki in the care of Oranga Tamariki and their whānau
  - **person and whānau-centred care:** empowering all people to manage their own health and wellbeing, have meaningful control over the services they receive, and treating people, their carers, and whānau as experts in care.
47. The reformed health and disability system will create a population health approach that will integrate patient and whānau-centred care models at the primary and community services level. Individuals, whānau, and communities will be empowered to access care that is closer to home and considers how their holistic needs might be best met by wider services.
48. Fundamental to this new model of care is a focus on preventive, promotive, curative, and rehabilitative services, with an emphasis on prevention and wellness, rather than treating people only once they are ill. To champion the voice of Māori in the health and disability system, the future health and disability system will have increased accountability to

deliver better care for Māori, Pacific, people with disabilities, and tamariki in care. There will be an expectation for the established entities (eg, Health New Zealand, Māori Health Authority, and localities) to address the needs of tamariki care. During the health and disability system reforms, there is an opportunity to explicitly note tamariki in care as a priority population.

## **There is an opportunity to engage with Māori and the health and disability sector to improve regular health checks**

49. The Ministry has led the development of this advice on what we are currently doing to improve regular health service access, with input from Oranga Tamariki.
50. To inform the next steps, we will incorporate the voices and views of Māori and relevant stakeholders to make the most out of OTAP and the health and disability system reforms.

## **Equity**

51. There are inequitable health outcomes between tamariki in and out of care of Oranga Tamariki. We have identified Māori, Pacific, and tamariki with disabilities as groups of high interest. Recent Oranga Tamariki data suggests that Pacific tamariki and rangatahi are disproportionately overrepresented in youth justice care settings and 'out of home' care placements, but not to the extent of Māori<sup>3</sup>. Māori tamariki make up 65% of those in the care of Oranga Tamariki, compared to 26% of the child and youth population in Aotearoa.
52. Te Tiriti o Waitangi protects the rights of Māori tamariki under the care of Oranga Tamariki. Therefore, achieving equity for tamariki Māori will underpin the development of the approaches outlined in this report by recognising tamariki Māori require different health care responses to achieve equitable outcomes.
53. The Regulations seek to address this by ensuring a minimum level of care through accessing a regular health check and prioritising tamariki for attention by agencies through the implementation of OTAP.
54. Further work to improve regular health checks can contribute to improving more equitable outcomes for tamariki in the care of Oranga Tamariki.

## **Next steps**

55. The Ministry will continue to improve the uptake of universal health services so tamariki in care receive the best possible care. We will do this by continuing to prioritise tamariki in care access to WCTO enhanced support pilots, providing guidance to social workers, and continuing to engage with Oranga Tamariki to improve the Gateway assessment.
56. As the OTAP progresses, we will continue to seek opportunities to improve outcomes for tamariki in care, including possible areas where we think regular health checks could be

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<sup>3</sup> Abuse in Care Royal Commission of Inquiry. 2020. Research Report – what we know about the numbers of people in care and the extent of abuse in care.

<https://www.abuseincare.org.nz/assets/Uploads/Research-Report-for-Interim-Report.pdf>

improved. At the end of January 2022, you will receive advice on actions that can improve frontline collaboration between agencies and options for prioritising access for tamariki in care. You will be updated on the progress via briefings and the Weekly Report.

ENDS.

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## Appendix 1: Contact with Oranga Tamariki and use of health services for children aged under 5 years: initial findings



### Contact with Oranga Tamariki and use of health services for children aged under 5 years: initial findings

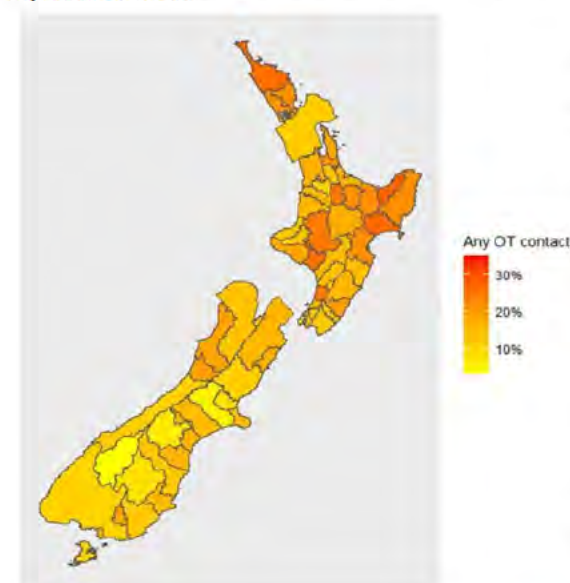


We measured contact with Oranga Tamariki and use of health services for nearly 160,000 children up to age 5

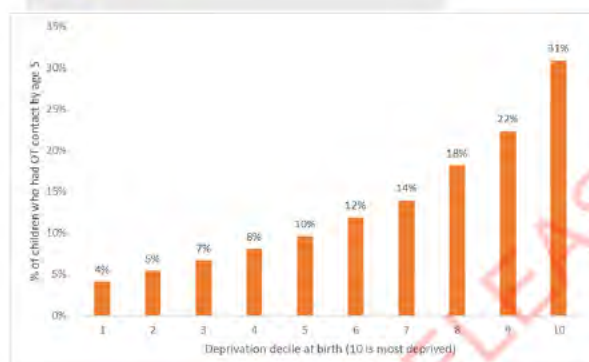
This project was initiated as part of the Health response to the Oranga Tamariki action plan. This analysis shows use of health services in a child's first five years, regardless of when any contact with Oranga Tamariki first occurred, and does not assess the impact of Oranga Tamariki interventions.<sup>1</sup> The escalating types of contact with Oranga Tamariki that we identified were:

1. ROC: report of concern
2. FAR: further action required
3. Abuse: confirmed that child has been abused
4. FGC, FWA: Family Group Conference or Family Whānau Agreement
5. Placement: out of home placement

Rates of contact with Oranga Tamariki by Territorial Authority and deprivation decile



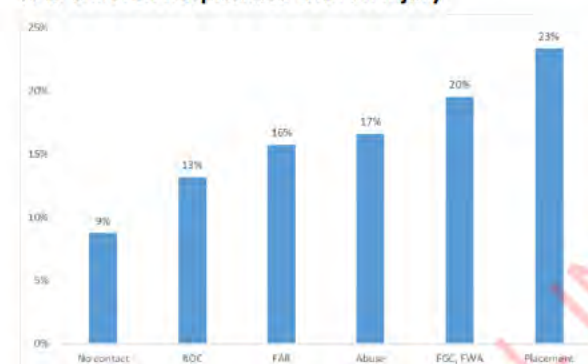
Oranga Tamariki contact by age 5 was most common for Māori (23%), followed by Pacific (18%), European (10%) and Asian (5%). Rates of contact were higher for children born in the North Island outside of the Auckland and Wellington regions, and were lowest in the South Island.



Deprivation (see chart) and transience (high number of moves by age 3) were both associated with higher rates of contact with Oranga Tamariki.

Broad correlation between contact with Oranga Tamariki and worse results across a range of health indicators

% of children hospitalised with an injury



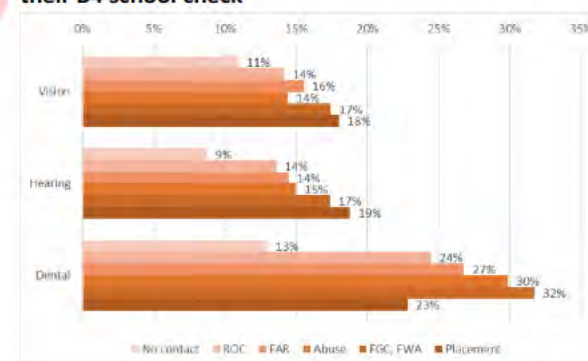
Only 9% of children who had no contact were hospitalised with an injury by age 5, compared with 23% of children who had an out of home placement.

% of children with a concerning overall score for their Strengths & Difficulties Parent Questionnaire (SDQP) in their B4 School Check



Only 3% of children who had no contact had a concerning overall SDQP score, compared with 14% of children who had an out of home placement.

% of children referred/under care for vision, hearing and dental health in their B4 school check



Children with no contact had the lowest rates of referral/under care for vision, hearing and dental health. Contact was particularly associated with higher rates for dental health.

Maternity data: % of children with low birthweight, mother was a medium or high smoker at Primary Care Provider (PCP) registration, not breastfed in 48 hours prior to discharge



Children with an out of home placement by age 5 were more likely to have had a low birthweight, a mother who smoked at time of PCP registration, and to have not been breastfed prior to discharge.

Oranga Tamariki contact, deprivation and transience were all predictive of worse results in B4 school checks

Deprivation and transience are associated with higher rates of contact with Oranga Tamariki and also with worse results on health indicators. A regression analysis identified that each of these factors (contact, deprivation, transience) were associated with higher risk of a concerning SDQP score and poor dental health in the B4 school check, even after controlling for the other factors.

Females did better than males for both indicators. Ethnicity became a much less significant factor after controlling for deprivation, transience and Oranga Tamariki contact.

For example, Māori had significantly higher rates than Europeans for dental health referral/under care. However, this difference disappeared after controlling for the other factors in the model.

Key messages from this work so far

Children who came into contact with Oranga Tamariki in their first five years of life tended to have significantly worse results across a broad range of health indicators. This highlights that these children have underlying problems that lead to contact with multiple government services, including Health and Oranga Tamariki. The analysis does not show the impact of Oranga Tamariki interventions. To do this we would need to track children's health before and after an intervention.

Please contact the Analytical Projects team at Ministry of Health with any queries about this analysis.

<sup>1</sup> Our analysis cohort was 159,000 children born in NZ in 2013-15 and who lived in NZ for all of their first 5 years.



# Briefing

## Improving access to health services for children and young people involved with Oranga Tamariki

**Date due to MO:** 31 January 2022 **Action required by:** 21 February 2022

**Security level:** IN CONFIDENCE **Health Report number:** HR20220029

**To:** Hon Andrew Little, Minister of Health

### Contact for telephone discussion

Name	Position	Telephone
Steve Barnes	Group Manager, Family & Community Health Policy, System Strategy & Policy	s 9(2)(a)
Caroline Flora	Associate Deputy Director-General, System Strategy & Policy	s 9(2)(a)

### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

# Improving access to health services for children and young people involved with Oranga Tamariki

**Security level:** IN CONFIDENCE **Date:** 31 January 2022

**To:** Hon Andrew Little, Minister of Health

## Purpose of report

1. This briefing responds to a letter you wrote to the Director-General of Health on 2 December 2021 requesting advice on actions that could improve frontline collaboration between Oranga Tamariki social workers and health services, and options for prioritising access to health services for children and young people involved with Oranga Tamariki.
2. This briefing provides advice on the Oranga Tamariki Action Plan (OTAP) and actions therein that are relevant to the health and disability system. It also outlines a series of briefings the Ministry intends to provide you with leading up to a 'deep dive' discussion on health services by Ministers, which is expected to take place at a Child Youth Wellbeing Ministerial meeting in mid-2022.
3. This report discloses all relevant information and implications.

## Summary

4. Social workers, caregivers, and whānau can encounter multiple barriers when seeking and accessing health services for children and young people involved with Oranga Tamariki. There are limited ways for health services to first identify and then support children and young people involved with Oranga Tamariki, particularly in instances where they move between care arrangements and locations.

5. s 9(2)(f)(iv)

6.

7. The Ministry intends to work with Oranga Tamariki and engage with other relevant parties over the next five months to provide you with a series of advice and supporting material leading up to the deep-dive discussion with Ministers. The planned series of briefings between now and June 2022 will cover:
- |    |  |       |
|----|--|-------|
| a. | How health services are provided for children and young people involved with Oranga Tamariki | March |
| b. | Utilising funding and accountability levers to prioritise access to services                 | April |
| c. | Improving access to mental health and other specialist support                               | April |
| d. | Using data and information sharing to improve health services                                | May   |
| e. | Improving access to primary care by making annual health checks more effective               | May   |
| f. | Preparing for the deep-dive discussion on health outcomes                                    | June  |
8. The Ministry is responsible for ensuring the health and disability system improves health outcomes for children and young people involved with Oranga Tamariki, which includes addressing actions in OTAP. In November 2021 the Minister for Children presented a draft OTAP that included 12 draft actions that were supported by other Child and Youth Wellbeing Ministers. Oranga Tamariki has confirmed a final OTAP will be provided to Cabinet for approval and publication in March 2022.
9. Of the 12 OTAP actions, several have implications for the health and disability system:
- Action 3: Practical high-impact action identification** – this can be progressed to some extent by existing Ministry work that focuses on improving child and youth wellbeing
  - Action 10: Housing** – the Ministry can contribute to this through its involvement in the Aotearoa Homelessness Action Plan (2020-2023)
  - Action 11: Investment in prevention** – the Ministry can contribute to this by leveraging several actions in the National Strategy to Eliminate Family Violence and Sexual Violence (Te Aorerekura)
  - Action 12: Support and respond to locally led prevention plans, with an initial focus on the first 1000 days** – the Ministry is currently supporting the Department of Prime Minister and Cabinet which is leading this action.
10. **Action 7: Access to health, disability, and education services**, will require specific work to identify opportunities to increase access to health and disability services, which will form part of the series of briefings we intend to provide you.
11. OTAP includes an action (**Action 4**) for all agencies to support Ministers with a series of deep dive discussions on how to prioritise access to different services for OTAP's priority population. We expect a deep dive on health services would take place in mid-2022.

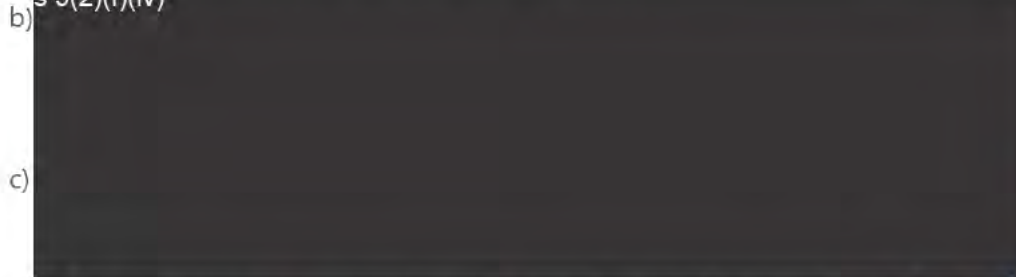


## Recommendations

We recommend you:

- a) **Note** this briefing responds to your request to the Director-General of Health on 2 December 2021 for advice on improving health outcomes for children and young people involved with Oranga Tamariki

b) s 9(2)(f)(iv)



c)

- d) **Agree** to receiving a series of briefings over the next five months with further advice on specific areas of focus to improve health outcomes for populations of interest to Oranga Tamariki, and to provide you with options to make improvements as part of the Oranga Tamariki Action Plan. **Yes/No**

- e) **Note** that, following discussion by Ministers at the end of 2021, the Minister for Children is expected to seek Cabinet approval in March 2022 for the Oranga Tamariki Action Plan to be published in the New Zealand Gazette

- f) **Note** that a number of actions in the Oranga Tamariki Action Plan can be progressed, at least to some extent, by work that is either underway or planned within the Ministry, or that the Ministry is contributing to, including work on child and youth wellbeing, homelessness and family violence

- g) **Note** that the Oranga Tamariki Action Plan includes an action (*Action 4*) which involves a series of deep dive discussions by Ministers on how to prioritise access to different services for the plan's priority population, and that we expect a deep dive on health services would take place in mid-2022

- h) **Agree** to forward a copy of this briefing to the Minister for Children **Yes/No**

Caroline Flora

Associate Deputy Director-General

**System Strategy & Policy**

Date:

Hon Andrew Little

**Minister of Health**

Date: 20/2/22

# Improving access to health services for children and young people involved with Oranga Tamariki

## Background

1. In November 2021 Hon Kelvin Davis, in his capacity as Minister for Children, wrote to Children's Ministers seeking support in principle to prioritise and act immediately on the needs of the children, young people and their whānau involved with Oranga Tamariki. Following discussions with Children's Ministers, you wrote to the Director-General of Health on 2 December 2021 requesting advice from the Ministry of Health (the Ministry) regarding:
  - 1.1 ways in which health agencies and services can better support social workers to meet the needs of children and young people involved with Oranga Tamariki
  - 1.2 how the needs of these individuals could be prioritised when accessing eligible health services without compromising the quality of care for others.
2. This briefing is part of a series on the Oranga Tamariki Action Plan (OTAP). OTAP includes a set of actions developed between children's agencies and Ministers to improve outcomes for children and young people involved with Oranga Tamariki. Oranga Tamariki have confirmed that in March 2022 the Minister for Children will seek Cabinet approval of a final OTAP to be published in the New Zealand Gazette.
3. A deep dive discussion amongst Children's Ministers on how to prioritise access to health services for children and young people involved with Oranga Tamariki is expected to take place in mid-2022.

## Several areas of focus could improve frontline navigation and collaboration between social workers and the health system

4. There are several areas of potential focus that would go some way to improving frontline navigation and collaboration between social workers and the health system. Examples of the types of possible opportunities within the current system are below. These would all have resource and financial implications and would take time to be implemented.

### *Resources to support social workers and caregivers*

5. The Ministry is currently working with Oranga Tamariki to improve resources that support social workers and caregivers to navigate and access universal health services [HR20211018 refers]. The initial focus is on increasing awareness of local primary mental health services and providing guidance to support regular uptake of universal health services. This could be extended to include locally tailored resources to direct social workers to available universal services relevant to culture and age, specialist services, wider whānau supports and community-led initiatives. The Oranga Tamariki Advisory



Board report also recommended establishing practical local helplines to direct whānau to supports<sup>1</sup>, which this could contribute to.

#### *Health education for social workers and caregivers*

6. There may also be value in resourcing additional support for social workers and caregivers to better understand how the health system works, including how referrals are made and followed up on, how to enrol with a primary care provider, and how eligibility and prioritisation processes work. This might also include providing social workers and caregivers with access to clinical advice and skill-sharing opportunities, including for mental health and addictions, neurodiversity and trauma-informed care. This would aid understanding of child development by social workers and caregivers, and help them to articulate and advocate for the needs of children when specialist services are sought. This could contribute to workforce development as identified in the Oranga Tamariki Future Direction Action Plan<sup>2</sup>.

#### *Investing in existing health workforces, partnerships and referral pathways*

7. Children and young people in or at risk of entering care often undergo a range of assessments and planning processes that involve health professionals. There are also different roles within and outside of DHBs who coordinate and advocate for access to health supports alongside social workers and caregivers. Access to services may also rely on building relationships between social workers and providers, which can be ad hoc and cause variation in the level of care received<sup>3</sup>.
8. There is an opportunity to invest in expanding successful relationships and referral pathways that improve frontline collaboration, learning from local and international models. This includes opportunities through the Early Years prototypes in development between the Ministry and the Transition Unit, which will test and iterate towards a more integrated and whānau-centred early years system. Scoping these may also inform the future role that health services can play in the early and intensive intervention functions of Oranga Tamariki, and inform future reviews of needs assessments and referral pathways. There may also be value in better linking whānau with early and holistic supports and wider social sector agencies when reports of concern are first made<sup>4</sup>.

#### *Maximising the role of primary care*

9. Supporting children and young people in care to maintain and improve their health is a legislative responsibility under Clause 25(1) of the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018. Improving access to primary health care is core to this, given its role in preventing, identifying and meeting health needs, promoting access to universal services, and coordinating specialist support when required [HR20211018]. It also provides a relational and contextual perspective that acute services cannot. While children and young people in the care system may be transient and often have complex needs, developing an ongoing relationship between them, their whānau and primary care is critical during and transitioning from care.

<sup>1</sup> The initial report of the Oranga Tamariki Ministerial Advisory Board. *Hipokingia ki te Kahu Aroha Hipokingia ki te Katoa*. (2021)

<sup>2</sup> Oranga Tamariki. *Oranga Tamariki Future Direction Action Plan*. (2021)

<sup>3</sup> Office of the Children's Commissioner. *State of the Nation*. (2017)

<sup>4</sup> Oranga Tamariki. *Oranga Tamariki Future Direction Action Plan*. (2021)

10. Ways to support this relationship include embedding mechanisms to monitor and then follow up on targeted interventions and referrals in Health and/or Oranga Tamariki case management systems. As part of this, officials will assess the current information sharing practices and pathways to ensure the potential benefits from sharing information about and with children and young people are balanced with the need to retain their privacy and consent.
11. In time, the health reforms also present opportunities to provide tailored care and assume more responsibility for the long-term health journey of children and young people involved with Oranga Tamariki. For example, through establishing multidisciplinary primary care teams to coordinate support for the whole whānau, integrating and organising services around priority cohorts, and linking tamariki Māori with kaupapa Māori and community-led supports in their area.

### There are several potential approaches to prioritising children and young people involved with Oranga Tamariki

12. While these actions to improve access and coordination would make positive change, they are all still dependant on the availability of health services, including their location, capacity, eligibility criteria and wait times. The Crown has an obligation to actively protect Māori, who are overrepresented in the children and young people involved with Oranga Tamariki, which therefore warrants specific prioritisation of this population. We also know that children and young people who have been involved with Oranga Tamariki are at greater risk of worse health outcomes in adulthood. Therefore, action to prioritise this cohort when young could bring significant benefits when they are older.
13. There are many potential approaches to prioritising health services for children and young people involved with Oranga Tamariki, all of which vary in terms of whether they provide preferential access to existing services or provide services dedicated to this population, or some combination. Examples could include, but are not limited to:
  - a. **Clinical prioritisation** – Amending clinical guidelines, eligibility rules, National Prioritisation criteria, and/or enhancing referrals to give preferential access to children and young people involved with Oranga Tamariki.
  - b. **Accountability prioritisation** – Including children and young people involved with Oranga Tamariki as a cohort in reporting of key health indicators used for measuring performance.
  - c. **Strategic prioritisation** – Explicitly referencing children and young people involved with Oranga Tamariki as a priority population in strategic documents, such as the interim Government Policy Statement on Health.
  - d. **Funding prioritisation** – Providing additional funding for health services delivered to children and young people involved with Oranga Tamariki to incentivise their prioritisation and/or account for their additional complexity.
  - e. **Bespoke prioritisation** – Creating new dedicated health services to address the specific needs of children and young people involved with Oranga Tamariki.
14. If implemented in isolation, each approach would have trade-offs. Approaches that focus on providing preferential access to existing services could increase waiting lists and compromise health care available for other populations with higher clinical need, whereas



approaches that provide dedicated health services would require significant financial investment, additional workforce, would further complicate a system already undergoing substantial transformation, and could potentially stigmatise this cohort. The spectrum of potential prioritisation approaches, and their implications, is illustrated in Figure 1.

**Figure 1: Prioritisation spectrum**



## **We will provide you with a series of briefings that explore different approaches to prioritising health services for children and young people involved with Oranga Tamariki**

15. While the potential actions and approaches discussed in this briefing would likely improve access to health services for children and young people involved with Oranga Tamariki, the interactions between the health system and the care and protection system are complex, and any interventions need to be well analysed. Moreover, the change occurring from the Health and Disability reforms and the future direction of Oranga Tamariki present opportunities to collectively improve the range and relevancy of supports and capabilities that social workers, caregivers, and whānau can draw on.
16. We will work with Oranga Tamariki between now and June to provide you with a series of briefings on specific but overlapping areas, culminating in advice and supporting material to inform the deep-dive discussion with Children's Ministers which is expected to take place in mid-2022. This will inform you of the complexities involved in this area and allow you to make decisions about the types of proposals you would like to bring to discussions with your ministerial colleagues. The briefings we intend to provide include:
  - a. **How health services are provided for children and young people involved with Oranga Tamariki** - Outlines how various health services are accessed by and arranged for children and young people with different levels of interaction with Oranga Tamariki March
  - b. **Utilising funding and accountability levers to prioritise access to services** - Assesses the current funding and accountability arrangements between the Ministry and Oranga Tamariki, and identifies options for prioritising access to services through these levers April
  - c. **Improving access to mental health and other specialist support** - Outlines challenges in accessing mental health and other specialist services and approaches to prioritising access to them April
  - d. **Using data and information sharing to improve health services** - Outlines opportunities to improve information sharing to support May



the Health sector's responsiveness to children and young people of interest to Oranga Tamariki

- e. **Improving access to primary care by making annual health checks more effective** - Provides an update on encouraging access to annual health checks for children and young people in care, and outlines further opportunities to leverage annual health checks to improve access to primary care May
- f. **Preparing for the deep-dive discussion on health outcomes** - Provides content and material to support your discussion at the deep-dive conversation with Children's Ministers June

## The OTAP outlines a range of actions that may have implications for the health and disability system

17. The 12 actions in the draft OTAP aim to drive collaboration across children's agencies guided by evidence and by the voices and needs of the communities (eg, children, young people and whānau).
18. Table 1 outlines the key actions in the draft OTAP that have implications for the health and disability system. A full list of the actions is attached as Appendix 1.

**Table 1: Key actions in the OTAP that have implications for the health and disability system**

Action	Description
3	<b>Practical high-impact action identification</b> Each agency will identify practical, high impact actions they can lead, and implement with other agencies as appropriate, to meet the needs of priority populations.
7	<b>Access to health, disability, and education services</b> Oranga Tamariki will continue to work with the Ministries of Health and Education in order to advise Ministers on options to access education, health (including mental health) and disability services to meet the needs of the priority populations. This could include options for expanding or replicating collaborative practices that are already working well. This action will be implemented after the deep dives mentioned in Action 4 and informed by them.
10	<b>Housing</b> Review the housing system settings to identify short and longer-term opportunities to improve access to suitable, safe, and stable housing for priority populations, including young people transitioning out of care.
11	<b>Investment in prevention</b> Identify opportunities to leverage off the investment in primary prevention actions set out in the Action Plan for the National Strategy to Eliminate Family Violence and Sexual Violence. This includes actions targeted to children and young people so they understand healthy relationships, how to seek help, and ensuring they can access tailored services.
12	<b>Support and respond to locally led prevention plans, with an initial focus on the first 1000 days</b> Children's agency Chief Executives, through the Social Wellbeing Board, will establish a localised and whānau-led system learning approach to develop and test an integrated network of health, social, and informal supports for children and their whānau, with an initial focus on support for those with early risk factors for future involvement in the care, protection, and youth justice systems in the first 1000 days (pregnancy to age 2).

19. The OTAP will support and build on work programmes underway across Government, both within and between agencies. There are significant and intentional overlaps with some current programmes of work, including Te Aorerekura and the implementation of a cross-agency approach to the first 1,000 days. The Ministerial Group has directed the Social Wellbeing Board to report back in March 2022 with further advice on short and longer-term opportunities to apply a first 1,000 days wellbeing objective to major work programmes.
20. The Pae Ora Commissioning Framework (the Framework)<sup>5</sup> could also support OTAP, including through cross-sector collaboration. The Framework has been a collaborative development across the Ministry and with sector agencies and is one of the flagship programmes for the Ministry in response to the Health and Disability System recommendations. The Ministry's Executive Commissioning and Funding Group and Outcomes and Equity Committee have endorsed the Framework for use across the Ministry. It has been shared with the Transition Unit to lead their commissioning work with a Te Tiriti-based approach.
21. Several OTAP actions could be at least partly addressed by current work programmes.
22. **Action 3: Practical, high impact action identification** will have potential implications on Ministry programmes of work that focus on improving child and youth wellbeing. These programmes of work are set out in Table 2.

**Table 2: Operational programmes of work focused on improving child and youth wellbeing**

Work programme	Description	Impact	Deliverable
Updating existing Oranga Tamariki Care & Protection & Youth Justice Residence Practice Management Solution for health providers (Oranga Tamariki lead)	<p>Work is underway alongside Oranga Tamariki to update the existing Oranga Tamariki Care &amp; Protection and Youth Justice Practice Management Solution to a cloud-based solution.</p> <p>The current system is no longer fit for purpose, lacks national consistency, and has limited and inconsistent data collection capabilities for tamariki and rangatahi in Oranga tamariki care.</p>	Improving access to Oranga Tamariki health data on tamariki and rangatahi in care could provide insights into the health and disability needs of this vulnerable population, as well as informing work to revise the model of care for Oranga Tamariki residences.	1 July 2022
Foetal alcohol spectrum disorder (FASD) Neuro developmental Assessment and Support Pilots (NASP)	The objective of the NASP is to pilot enhanced assessment and support for children with FASD and their whānau, provided through Pregnancy and Parenting Services and Child Development Services working in with other agencies and support services.	<p>Improved health and wellbeing, education, and socio-economic outcomes for tamariki supported.</p> <p>Improved caregiver and whānau outcomes such as health and wellbeing, reduced stress, and increased understanding of the needs of their tamariki</p>	31 December 2024

<sup>5</sup> The Pae Ora Commissioning framework is a Te Tiriti o Waitangi grounded and evidence-based approach to commissioning and investing in what matters to whānau.



		Pilot evaluation findings will inform future funding and commissioning decisions for FASD.	
Improving Oranga Tamariki social worker awareness of primary mental health supports	Work with Oranga Tamariki to ensure its social workers are aware of primary mental health supports so they can ensure that services link into universal entitlements for tamariki involved with Oranga Tamariki.	Improved access to primary mental health services for populations of interest.	Currently in scoping stage
Future of Care and Protection and Youth Justice residences (Oranga Tamariki lead)	Work with Oranga Tamariki to support the change in direction from large residences to smaller, more fit for purpose, community-based homes for both Youth Justice and Care and Protection residences. Consideration to be given to how health services will be provided as part of this approach.	Potentially more suitable and responsive facilities that are supported with better services to address health needs.	Currently on hold but expected to resume in early 2022

23. For some actions the Ministry will be a contributor through other areas of work.
24. **Action 10: Housing** focuses on progressing actions in the Aotearoa Homelessness Action Plan (2020-2023) which includes actions focused on improving transitions from acute mental health and addiction inpatient units into housing, improving access to healthcare for people who are homeless and improving discharge planning for people leaving hospital and inpatient units. We are currently identifying opportunities through the health and disability system reforms to consider where and how the health system can take a more preventative approach to homelessness.
25. **Action 11: Investment in Prevention** involves leveraging several actions in Te Aorerekura, particularly around primary prevention, strengthening the health workforce and investment in services. Te Aorerekura includes several actions to provide support for children involved with Oranga Tamariki such as *Action 1: Te Aorerekura is supported by a clear investment plan*, *Action 16: Adopt the primary prevention system model*, and *Action 24: Focused on holistic support for safe early years*. Te Aorerekura can act as a vehicle to shape the way the Ministry invests in targeted health and disability services that will contribute to greater wellbeing outcomes for tamariki involved with Oranga Tamariki.
26. **Action 12: Support and respond to locally led prevention plans, with an initial focus on the first 1000 days** can be addressed through planned cross-agency work on the first 1000 days which is currently being led by the Department of the Prime Minister and Cabinet with periodic updates to be provided to Child and Youth Wellbeing Ministers. This work is expected to draw on the early years programme of work that is currently being developed in partnership between the Ministry and the Transition Unit.

### **A series of deep dive discussions with Children's Ministers will take place, with a health outcomes focus expected in mid-2022**

27. OTAP also includes an action for all agencies (**Action 4**) which involves agencies supporting Ministers with a series of 'deep dives' that support regular in-depth assessments on how to prioritise access to services for OTAP's priority population, with a

focus on spotlighting insights from children, young people and whānau, and feedback from social workers on how they could be supported

28. The schedule for these deep dive sessions is still being developed, but we understand that the first session in March 2022 will focus on housing. We expect that a deep dive on health needs will take place in mid-2022.

## Equity

29. Tamariki and rangatahi Māori are overrepresented in those involved with Oranga Tamariki, comprising 65% of those in care<sup>6</sup>. Pacific people and disabled people are also both overrepresented in children and young people involved with Oranga Tamariki. Initial findings from an internal Ministry study<sup>7</sup> also found that children who had any contact with Oranga Tamariki in their first five years of life had significantly worse health outcomes compared to those who had not.
30. Poor health and development outcomes during childhood have an adverse impact on social outcomes later in life, including violence, crime, and unemployment. Therefore, the Ministry has an obligation under the United Nations Convention on the Rights of the Child, the United Nations Convention on the Rights of Persons with Disabilities, and Te Tiriti o Waitangi, and the principles of equity and active protection therein, to improve access to health services for tamariki and rangatahi Māori involved with Oranga Tamariki.
31. The future health and care and protections systems will focus on fostering partnerships with iwi and Māori communities. Oranga Tamariki are developing an operating model that focuses on supporting iwi, hapu, and whānau to lead on prevention efforts, with Oranga Tamariki supporting communities with coordination and resources. This will enable Māori to realise rangatiratanga through designing and leading health and prevention efforts from within their own community, and support whānau to access a broader range of kaupapa Māori providers and innovations in their rohe.

## Next steps

32. The Ministry will work with Oranga Tamariki to provide you with the following briefings:
- |    |  |       |
|----|--|-------|
| a. | How health services are provided for children and young people involved with Oranga Tamariki | March |
| b. | Utilising funding and accountability levers to prioritise access to services                 | April |
| c. | Improving access to mental health and other specialist support                               | April |
| d. | Using data and information sharing to improve health services                                | May   |
| e. | Improving access to primary care by making annual health checks more effective               | May   |
| f. | Preparing for the deep-dive discussion on health outcomes                                    | June  |

<sup>6</sup> Abuse In Care Royal Commission of Inquiry. Research Report – *What we know about the numbers of people in care and the extent of abuse in care.* (2020)

<sup>7</sup> Internal Ministry of Health analysis. *Contact with Oranga Tamariki and use of health services for children aged under 5.* (2021)

ENDS.

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## Appendix 1. Oranga Tamariki Action Plan draft actions

Action		Description	Lead(s)
Short-term practical steps	1	CE's expectations	Children's agency CEs
	2	Ministerial Meeting papers	Children's agencies
	3	Practical, high-impact action identification	Children's agencies and other relevant agencies as identified
Building an evidence-based picture of need	4	Regular in-depth assessment of particular needs	Oranga Tamariki
	5	Evidence Dashboard	Oranga Tamariki, Social Wellbeing Agency
	6	Regional wellbeing data and need pictures	Social Wellbeing Agency, Oranga Tamariki
Meeting children's and young people's needs and building whānau resilience	7	Access to health, disability and education services	Oranga Tamariki, MoE, MoH
	8	Learning in residential care	MoE, Oranga Tamariki
	9	Education high needs review	MoE, Oranga Tamariki
Community led, regionally enabled, centrally supported prevention	10	Housing	HUD, MSD, Kainga Ora, MBIE, MoH, Oranga Tamariki
	11	Investment in prevention	Oranga Tamariki, Joint Venture Business Unit
	12	Support and respond to locally-led prevention plans, with an initial focus on the first 1000 days	Child Wellbeing Unit, Social Wellbeing Board

# Memo

## Meeting with Chappie Te Kani, Chief Executive of Oranga Tamariki, to discuss key child wellbeing priorities

<b>Date:</b>	14 February 2022
<b>Time/Place</b>	3:30 – 4:40pm, Ministry of Health
<b>To:</b>	Dr Ashley Bloomfield, Director-General of Health
<b>Copy to:</b>	Steve Barnes, Group Manager, Family and Community Health Policy
<b>From:</b>	Derek Senior, Manager, Family and Whānau Policy
<b>For your:</b>	Information

### Purpose

1. You are meeting with Chappie Te Kani, Acting Secretary for Children and Chief Executive of Oranga Tamariki, to discuss key child wellbeing priorities on Monday 14 February 2022 at 3:30pm. This memo provides information to inform this meeting.
2. Talking points are attached as Appendix 1.

### Key upcoming priorities for child wellbeing

#### Context

3. In November 2021, Hon Kelvin Davis in his capacity as Minister for Children wrote to Children's Ministers seeking support to prioritise and act immediately on the needs of the children, young people, and their whānau involved with Oranga Tamariki.
4. In December 2021, following discussions with Children's Ministers, the Minister of Health wrote a letter to you requesting advice on actions that could improve frontline collaboration between Oranga Tamariki social workers and health services, and options for prioritising access to health services for children and young people involved with Oranga Tamariki.
5. In January 2022, the Ministry of Health (the Ministry) provided a briefing [HR20220029] to the Minister of Health responding to his letter, which included advice on responding to the Oranga Tamariki Action Plan (OTAP) and actions therein that are relevant to the health and disability system.

#### Oranga Tamariki Action Plan

6. This work involves the development and implementation of the OTAP. The OTAP aims to ensure that children and young people in the populations of interest to Oranga Tamariki (eg, Māori, Pacific, tamariki with disabilities) receive the holistic support they need to prevent harm, respond to challenges early, and cultivate long-term wellbeing.

7. The following two actions in the OTAP are directly relevant to the health and disability system:
  - **Action 3:** Each agency will identify practical, high impact actions they can lead, and implement with other agencies as appropriate, to meet the needs of priority populations
  - **Action 7:** Continue to work with the Ministry of Health and Ministry of Education to advise ministers on options to access education, health (including mental health) and disability services to meet the needs of the priority populations. This could include options for expanding or replicating collaborative practices that are already working well.
8. There are also actions where the Ministry will be a contributor through other work:
  - **Action 10:** Review the housing system settings to identify short and longer-term opportunities to improve access to suitable, safe, and stable housing for priority populations, including young people transitioning out of care
  - **Action 11:** Identify opportunities to leverage off the investment in primary prevention actions set out in the Action Plan for the National Strategy to Eliminate Family Violence and Sexual Violence. This includes actions targeted to children and young people so they understand healthy relationships, how to seek help, and ensuring they can access tailored services.
9. The Ministry supports the direction of the OTAP and notes that there is alignment between the direction of reforms currently underway in Oranga Tamariki and the health and disability system. The Ministry welcomes the chance to work with Oranga Tamariki on the opportunities presented by, and steps needed for, health-relevant actions in the OTAP.
10. The Ministry is in the early stages of a programme of policy work that involves working with Oranga Tamariki on a series of briefings (listed in the talking points). These briefings provide advice on improving health outcomes for children and young people involved with Oranga Tamariki, and options around prioritising access to different health services. This is expected to take place over the next five to six months and support a 'deep dive' discussion by Child and Youth Wellbeing Ministers in mid-2022.
11. Health system reforms will see a lot of change in the health system at both the strategic level (new planning and accountability mechanisms) and the operational level, with DHBs being replaced by Health New Zealand and the Māori Health Authority. This may affect the timing of implementing some OTAP actions, though it also has the potential to create opportunities.
12. For example, one of the central features of the reforms is the use of localities as a basis for providing primary and community health services that are locally developed and led, while being centrally supported. Some of the first examples of this approach being applied in action will involve the development of prototype service networks for children in their early years, with a particular focus on developing services that are whānau-focused and holistic.

### Early Years Initiative

13. The Child and Youth Wellbeing Strategy Ministerial Group previously agreed to:
  - embed a specific shared first 1,000 days objective in all major policy and service design work programmes that impact on this group, and
  - build on the health sector early years prototypes to develop and test an integrated network of health, social services and informal supports for children and whānau, through a localised learning system approach.

14. s 9(2)(f)(iv)
15. The first 1,000 days work is connected to the OTAP through action 12.
- **Action 12:** Support and respond to locally led prevention plans, with an initial focus on the first 1,000 days. The Ministry is currently supporting the Department of Prime Minister and Cabinet, which is leading this action.
16. In October 2021, Ministers agreed to a staged approach to the early years initiative that places Te Tiriti, equity, and whānau at the centre. This approach allows for investment in existing/emerging kaupapa Māori and Pacific solutions while locally designing, testing, and implementing new models and system changes at the same time.
17. Work is also underway in the maternal mental health and infant mental health space to explore both these areas in the context of OTAP.

### Joint work programmes

#### *Ensuring safety and wellbeing of unborn and newborn pēpi in health settings*

18. There is a memorandum of understanding between Oranga Tamariki, District Health Boards, and New Zealand Police that sets out the overarching guiding principles to inform the development of local agreements to ensure the safety and wellbeing of unborn and newborn pēpi within a health setting.
19. This is to ensure appropriate support is provided at the earliest opportunity for unborn and newborn pēpi to keep them safe and their wellbeing assured within their family, whānau, family group, or community.

#### *Improving access to mental health for children*

20. Protecting the mental health and wellbeing of children and young people involves promotion, prevention and early intervention that tackles the wider social determinants of mental wellbeing, alongside the provision of developmentally appropriate mental health and addiction services.
21. Children in care have higher mental health needs and face barriers in accessing mental health services. The staff at Oranga Tamariki care and protection residences and youth justice facilities do not have the appropriate training, qualifications, and knowledge to provide the best mental health care services for children.
22. Improving mental health is a Ministerial priority area in the Ministry's 2021/22 Strategic Portfolio. The Ministry has received Cabinet approval for a long-term mental wellbeing pathway, and we are developing a draft framework for the Mental Health and Addiction System and Service
23. The Ministry and Oranga Tamariki will work to improve children in care's access to mental health services. There may be opportunities to implement this through the transformation of the Māori Health Authority system, OTAP, or as part of the interim Health NZ plan.

### The health and disability reforms will align with the future direction of Oranga Tamariki

24. The direction of the OTAP, and wider reform within Oranga Tamariki align well with outcomes sought from the health system reforms. Both seek to address longstanding inequities, and focus on the importance of working collectively, within and between agencies and



communities, with a shared set of values and culture, to achieve improved long-term outcomes and wellbeing/pae ora. Both also emphasise the need for partnership and collaboration with hapū, iwi and Māori organisations.

25. The health and disability system reforms are expected to further support and align with the outcomes of the Child and Youth Wellbeing Strategy. One of the central features of the reforms is the use of localities as a basis for providing primary and community health services that are locally developed and led, while being centrally supported.
26. Some of the first examples of this approach being applied in action will involve the development of prototype service networks for children in their early years, with a particular focus on developing services that are whānau-focused and holistic.
27. The need to address inequity in health outcomes, particularly for children and young people, is a key driver behind the system reforms, with reduced inequity being a central outcome that the Government is seeking from the reforms.

## Recommendations

It is recommended that you:

1.	note the contents of this memo	Yes/No
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Signature:

Steve Barnes

Date: 11/02/2022

**Group Manager, Family and Community Health Policy  
System Strategy and Policy**

# Talking Points

## The Ministry welcomes the opportunity to work with Oranga Tamariki on health-related OTAP actions

- Improving access to health services for children and young people involved with Oranga Tamariki is a key priority that needs to be progressed in stages.
- The Ministry has developed a programme of policy work that involves providing the Minister of Health and Minister for Children with a series of briefings between now and June 2022 (listed below). These briefings will inform the 'deep dive' discussion by Child and Youth Wellbeing Ministers in mid-2022.

a.	How health services are provided for children and young people involved with Oranga Tamariki	March
b.	Utilising funding and accountability levers to prioritise access to services	April
c.	Improving access to mental health and other specialist support	April
d.	Using data and information sharing to improve health services	May
e.	Improving access to primary care by making annual health checks more effective	May
f.	Preparing for the deep-dive discussion on health outcomes	June

## Primary care will be a key focus for our work

- Primary care is the most appropriate setting for early and preventative health care to address the needs of children and young people in care facilities. Primary care should be able to meet the wide-ranging needs of children and young people involved with Oranga Tamariki and it is possible to make changes to current services to address existing inequities.

## Mental health services for children and youth

- We acknowledge that specialist mental health services are critical. However, it is important that children and young people involved with Oranga Tamariki are able to access primary care as a key entry point.
- The Ministry is working to develop and strengthen primary and specialist mental health services. This includes several initiatives to improve child and youth mental wellbeing:
  - the nationwide rollout of youth primary mental health and addiction services (providing free and easy access to support for youth)
  - Mana Ake (a holistic mental health programme to support primary and intermediate school children)
  - new digital mental wellbeing tools with a focus on youth from 12-18 years old
  - Infant, Child and Adolescent Mental Health Services are specialist mental health services for young people aged 0–18 years (with flexibility to see up to 20 years) who are experiencing moderate to serious mental health concerns.

- The Ministry is also currently developing a stocktake of maternal mental health services for Hon. Minister Dr Ayesha Verrall. Maternal mental health is a key contributor to child wellbeing. This stocktake, and any identified gaps, may lead to the initiation or expansion of new work.

### **The health and disability system reforms align with the OTAP**

- The direction of the OTAP and wider reforms within Oranga Tamariki align with the outcomes sought from the health and disability system reforms.
- Some of the first examples of this approach being applied in action will involve the development of prototype service networks for children in their early years, with a particular focus on developing services that are whānau-focused and holistic.
- As we undertake work to address actions in the OTAP, we will consider how to leverage opportunities as part of the system reforms to ensure that any proposed changes are well aligned to improve health outcomes for tamariki and rangatahi.

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# Briefing

## Oranga Tamariki Action Plan: Provision of health services for children and young people involved with Oranga Tamariki – Background paper

<b>Date due to MO:</b>	30 March 2022	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	20220240
<b>To:</b>	Hon Andrew Little, Minister of Health		

### Contact for telephone discussion

Name	Position	Telephone
<b>Steve Barnes</b>	Group Manager, Family & Community Health Policy, System Strategy & Policy	s 9(2)(a)
<b>Caroline Flora</b>	Associate Deputy Director-General, System Strategy & Policy	s 9(2)(a)

### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Oranga Tamariki Action Plan: Provision of health services for children and young people involved with Oranga Tamariki – Background paper

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**Security level:** IN CONFIDENCE      **Date:** 30 March 2022

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**To:** Hon Andrew Little, Minister of Health

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## Purpose of report

1. This briefing provides an overview of the care and protection system and how existing health services are provided for children and young people involved with Oranga Tamariki. This advice is part of a series, which will support in-depth assessments of health needs with Child and Youth Wellbeing Ministers from mid-2022 and subsequent options that can be taken forward as part of the Oranga Tamariki Action Plan.
2. This report discloses all relevant information.

## Summary

1. The Ministry of Health (the Ministry) has been working with Oranga Tamariki to prepare for the upcoming in-depth assessments of health needs with Child and Youth Wellbeing Ministers from mid-2022. These assessments are one of the key actions within the Oranga Tamariki Action Plan (the Action Plan). This briefing provides some background for a series of advice we intend to provide you over the next five months with potential options that could make improvements to health services as part of the Action Plan.
2. This work focuses on children and young people who are at risk of being involved with, are already involved with, or have previously been involved with Oranga Tamariki. The total population considered under the Action Plan is 119,470. Compared to the general population, this cohort of children and young people have higher health needs that often requires specialist care, and have poorer long-term health and wellbeing outcomes.
3. Health services are provided to children and young people involved with Oranga Tamariki through a range of existing mechanisms, including universal health services, primary care providers contracted by Oranga Tamariki, community health workers, and services purchased directly by Oranga Tamariki.
4. There are a number of barriers to accessing and receiving healthcare for involved with Oranga Tamariki. The specialist care that these children and young people is often inaccessible and does not provide long-term care. There is an absence of consistent



accountability frameworks that prioritise this cohort to receive the level and type of health supports they need. There is also a need to improve coordination between both systems, between agencies, and between primary and secondary services.

5. We note that tamariki and rangatahi Māori within the Oranga Tamariki populations of interest continue to have inequitable health outcomes. There is a need to improve whānau-centered care models for health services under the care and protection system so that they are more accessible for both this cohort and their whānau. Both the health and disability system reforms and the future direction of Oranga Tamariki have ambitions to partner with Māori and embed Te Tiriti principles in the upcoming models for change.
6. The next briefing that we will provide in April 2022 will discuss health system prioritisation for children and young people involved with Oranga Tamariki, specifically focusing on mental health services.

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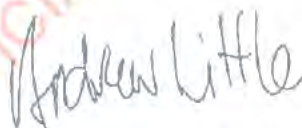
## Recommendations

We recommend you:

- a) **Note** that this briefing is part of a series of advice we plan to provide you over the next five months discussing potential options to make improvements to health services as part of the Oranga Tamariki Action Plan. This briefing provides background about the current provision of health services for children and young people involved with Oranga Tamariki.
- b) **Note** that children and young people who are at risk of being involved with, are already involved with, or have previously been involved with Oranga Tamariki both have high health needs and face barriers when accessing health services.
- c) **Note** that both the health and disability system reforms and the future direction of Oranga Tamariki have ambitions to partner with Māori and embed Tiriti principles in the upcoming models of change.
- d) **Note** that you will a briefing in April 2022 that provides advice on health system prioritisation for children and young people involved with Oranga Tamariki, specifically focusing on mental health services.
- e) **Agree** to share a copy of this briefing with Hon Kelvin Davis, Minister for Children ☒ **Yes** ☐ **No**



Caroline Flora  
Associate Deputy Director-General  
**System Strategy & Policy**  
Date: 29/03/2022



Hon Andrew Little  
**Minister of Health**  
Date: 10/7/22

# Oranga Tamariki Action Plan: Provision of health services for children and young people involved with Oranga Tamariki – Background paper

## Context

7. In January 2022, you agreed to receive a series of briefings over the next five months, which will provide advice on specific focus areas to improve health outcomes for populations of interest to Oranga Tamariki (HR20220029 refers). These briefings will support a series of in-depth assessment of health needs at the Child and Youth Wellbeing Ministers meetings from mid-2022, and subsequent options that can be taken forward as part of the Oranga Tamariki Action Plan (the Action Plan).
8. The Oranga Tamariki Action Plan and Cabinet paper was recently considered by the Social Wellbeing Committee on 30 March 2022, before going to Cabinet where it is expected to be approved and then publicly released.
9. To inform this briefing, the Ministry has engaged with frontline health staff and Oranga Tamariki staff to gain an understanding of the health needs and barriers faced by children and young people in contact with Oranga Tamariki. This included a Site Manager for care and protection, Youth Forensic Psychiatrist, Child and Adolescent Mental Health Services consultant, Chief Clinical nurses, and Senior Advisors from Oranga Tamariki.
10. Children and young people with any level of involvement with Oranga Tamariki generally have poorer access to health and disability services (eg, lower rate of GP enrolment and oral health access) and are among the most at risk populations of poor long-term wellbeing outcomes. Despite having higher health needs, children in contact with Oranga Tamariki are less likely to have seen a health professional and more likely to report that they have been unable to access healthcare when they needed it<sup>1</sup>.
11. Many of the children, young people, and their whānau have multi-layered needs (including a combination of physical health, mental health, oral health disabilities, and substance problems). Children who come into contact with Oranga Tamariki often have underlying problems that lead to contact with multiple government agencies, including the health system and Oranga Tamariki. While specific needs, such as mental health, often do not meet the clinical threshold for referral to specialist services, there is a level of health and wellbeing complexity that often goes unnoticed and remains unaddressed by health services.

<sup>1</sup> Fleming, T., Archer, D., Sutcliffe, K., Dewhirst, M., & Clark, T.C. (2021). *Young people who have been involved with Oranga Tamariki: Mental and physical health and healthcare access*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.



## The Action Plan has identified populations of interest to improve health outcomes

12. Children and young people who are "in care" is not defined as cohorts that are in care and protection residences, but rather more broadly describe all children and young people who are involved in the statutory care and protection or youth justice systems (ie, subject to proceedings or custody order).
13. The core populations of interest for children and young people involved with Oranga Tamariki as defined under the Oranga Tamariki Act 1989 and Children's and Young People's Wellbeing Act 1989 section 5(1) include the following<sup>2</sup>:
  - 45,000 children who have early risk factors for future involvement in the statutory care, protection, and youth justice systems. A historical report of concern was made for these children, but they have no further Oranga Tamariki involvement, or they exhibit poor wellbeing across several domains.
  - 56,500 children receiving assistance through Oranga Tamariki, such as medical examinations and counselling during assessments and family group conferences.
  - 2,020 children who are subject to court proceedings or orders (which relates to youth justice), or who are remanded in the custody of the Oranga Tamariki chief executive (placed in youth justice residences or community homes).
  - 6,650 children who are subject to custody order, an order appointing a specified person as their sole guardian/caregiver or an agreement for care in supervised group homes or care and protection secure residences.
  - 1,300 young people receiving transition support through Oranga Tamariki (this group is not mutually exclusive to other groups, as many of those receiving a transitions service are also part of other sub-populations).
  - 9,300 children under the age of 21 years who have previously been in care (but had no interaction with Oranga Tamariki in the past year).
14. The total population considered under the Action Plan is 119,470, including 57,100 Māori, 8,640 Māori and Pacific, and 10,760 Pacific children and young people.
15. The full spectrum of children and young people involved with Oranga Tamariki includes those at risk of ongoing contact, those receiving assistance but not placed in care (eg, undergoing an assessment or family group conference), and those previously involved with Oranga Tamariki. We recommend that the starting point for health action within the Action Plan should focus on those children and young people in care and with early engagement with Oranga Tamariki. By improving access to health services for children and young people in care, we expect that the improvements will also apply for wider populations of interest.

## The existing care and protection pathway: A brief overview

16. Children and young people involved with Oranga tamariki experience different levels of interaction under the existing care and protection pathway. There are key elements of

<sup>2</sup> Data from Oranga Tamariki as of June 2021 financial year.

the system between a potentially at-risk child or young person first being brought to the attention of Oranga Tamariki through to entering the care and protection system.

### Report of concern

17. A report of concern is the initial assessment stage before a child enters the care and protection system when a child is considered at risk of harm or domestic abuse. It is received at the Oranga Tamariki national contact centre, which establishes whether action or supports are required. Reports of concern can come from a range of different notifiers, such as school staff, general practitioners, police, whānau, or the wider community. An intake social worker carries out the initial assessment for urgency and then the report is sent through to the local site for follow up.
18. If the national contact centre at Oranga Tamariki decides to progress a report of concern, a social worker is allocated to the case and works with whānau to access supports and gather relevant information from the notifier to assess whether Oranga Tamariki should be involved. A more in-depth assessment is conducted for reports of concern that are progressed for further action. Most assessments that require intervention result in the holding of a Family Group Conference.

### Family Group Conferences

19. A Family Group Conference is a more formal meeting enshrined in legislation where whānau come together with professionals to talk about the concerns they have for a child or young person, and come up with a plan to address those needs. If an Oranga Tamariki social worker (or the police) decides after an investigation that a child needs care or protection, a Care and Protection Coordinator from Oranga Tamariki will call a conference. Oranga Tamariki also can call a conference in cases where the child may not need care or protection, but a conference would help address wellbeing concerns.
20. At a Family Group Conference, members of the child's whānau, including extended whānau, meet with social workers and other people to discuss and plan actions to ensure the child is safe and well cared for, including facilitating health services. The aim of the conference is to recommend what should happen and work out a plan for the child. Conferences can result in a case going to the Family Court if the conference cannot respond effectively to the concerns through a plan, or if some time after the conference further assessment by Oranga Tamariki indicates that the agreed plan is not addressing the concerns.
21. A decision can be made at a Family Group Conference for a matter to be taken to the Family Court (eg, it is agreed that an out of home placement is required and a custodial status is needed to support this). Gateway assessments (described below at paragraphs 32-34) are usually presented to young people entering youth justice facilities during conferences and included in the plan created for the young person. Health professionals are sometimes invited to participate or provide input into conferences.

### In placement care

22. Whānau/kin care makes up the vast majority of placement type for children in long-term care, and is where a child has been placed into the custody of the Oranga Tamariki Chief Executive, and is supported to remain with a member of their whānau as their caregiver. Less than one percent of children and young people in care are actually in care and

protection facilities. **Appendix 1** outlines the different placement types for children and young people in placement care.

23. A care and protection residence is for children and young people who are unable to live at home, and who are at risk if they remain in the community. These children may display high risk behaviour (serious self-harm and suicidal behaviours), present mental health issues, have a history of sexualised behaviours, drug alcohol use, or have a disability (eg, intellectual or development).

#### *Residences*

24. Oranga Tamariki currently operates three secure care and protection residences in Wellington, Dunedin, and Christchurch. Oranga Tamariki operates a fourth residence in partnership with Barnados that provides an up to 24-month residential programme for young men with serious harmful sexual behaviour.
25. Five secure youth justice residences, located in Auckland (two), Rotorua, Palmerston North, and Christchurch are also operated by Oranga Tamariki. Youth justice residences are safe and secure environments providing care for young people who are held on remand (alleged to have offended) or are sentenced by the Youth Court. The residences also provide care for some young people involved in the adult jurisdiction.
26. Youth justice community homes offer a way to manage concerns about the behaviour of young people on remand without having to place them in a secure youth justice residence. This also keeps young people connected more closely to their community. There are 19 youth justice community homes operated by Oranga Tamariki or contracted providers.

### **How the care and protection system interacts with the health system**

27. The health system provides a range of universal health services to all eligible New Zealanders and this is the main mechanism through which the population of interest for children and young people access health services. These include free immunisations, dental care, and GP visits for all children under 14 years old.
28. Oranga Tamariki can provide, fund, and support access to services specifically for children and young people in the care and protection system, although this varies depending on the type of assistance the child is receiving. This is generally provided where universal services are unavailable in a reasonable timeframe or appropriate (ie, when children do not meet diagnostic thresholds or end up on long waiting lists) and is related to Oranga Tamariki's obligations under the national care standards to assess and ensure that support is available to meet the identified needs of children and young people.
29. The Ministry via district health boards has a service delivery contract with Oranga Tamariki to deliver primary care and mental health services for children and young people in Oranga Tamariki care. Oranga Tamariki purchases services from a number of different providers around the country depending on what the need is, what services are available, and where. Approximately three-quarters of children and young people in



Oranga Tamariki care have their health needs assessed, have a plan that identifies their needs, and are given support to meet those needs<sup>3</sup>.

30. Each district health board contracts a primary health provider for services in each residence (Monday-Friday, 9am-5pm). Social care and protection workers manage the health plan (including the provision of any prescribed medicines, dealing with mental health relapses, and any health and safety related issues). Access to health services varies for different care facilities across the country may be more difficult to secure in rural communities.
31. Mental health services are also provided to youth justice residences. These services generally work well, however, there are some gaps. For instance, some district health boards have a very limited ability to provide the level of specialist care that some children and young people require outside of a secure, institutional environment.

### Gateway Assessment

32. Children entering care undergo a gateway assessment by a paediatrician or youth health assessor before or as they first enter care, or if their social worker identifies a need for one. Most children will be referred but an exception is made if the social worker establishes that the child is already well connected to health services. These assessments are an inter-agency, multidisciplinary process to identify the health, education, and wellbeing needs of those in care, and then refer them to the services they require.
33. Consent for a gateway assessment is obtained from a child's parent or guardian, or from the young person themselves (depending on their age). After the completion of an assessment, Oranga Tamariki records whether a recommendation has been made for a child to be referred to receive a relevant service for the identified need. The services and support discussed and agreed with the caregiver and whānau become part of a health and education plan that the social worker is responsible for coordinating.
34. A recurring concern is that gateway assessments are an initial evaluation that frequently become outdated, and therefore redundant, as often these assessments are not redone over time or followed up. This is a particularly significant issue for many children and young people who spend multiple years moving between placements under the care and protection system, and often have undiagnosed issues.

### Navigators and community health workers

35. There are some partnership navigation models in the health and disability system, including health navigators and community health workers, that help individuals and whānau access health and social services. These models are variable and not provided by every district health board. These initiatives work by connecting individuals and whānau in disadvantaged communities with a direct support person or social worker to help them address the barriers to the health care needed by children, young people, and their whānau.
36. The roles of navigators and community health workers tend to be variably defined and have developed to suit particular contexts and populations. They cover a wide range of tasks, and can use volunteer or paid, untrained or qualified staff. Senior Advisors (Health

<sup>3</sup> Independent Children's Monitor. (2022). *Experiences of Care in Aotearoa: Agency Compliance with the National Care Standards and Related Matters Regulations. Reporting period 1 July 2020 – 30 June 2020.*

and Education), for instance, help connect children and young people involved with Oranga Tamariki to connect with the health services they need. They are funded by Oranga Tamariki and there is a Senior Advisor in each Oranga Tamariki region.

37. Many of these roles have made good progress in improving access to health services in specific populations. However, Oranga Tamariki has identified that it is often difficult to link children and young people to kaupapa Māori primary care services due to the limited availability of these services.

### **There are existing community services that help whānau access health needs**

38. Strengthening Families is a service for any whānau with children or young person who need support from more than one agency, community support organisation, or government service. Meetings are held to help whānau establish their goals, deadlines, and what supports they need. Each whānau have a main contact person who monitors whether the actions agreed are being achieved, and follow-up with each agency if necessary. Whānau can receive support from a budget advisor, truancy officer, social worker, medical specialist, counsellor, teacher, or other support worker.
39. Strengthening Families is one good example of an existing integrated service, not specific for whānau involved with Oranga Tamariki, that can help provide health supports. Another similar example of an existing community service is Family Start, which is an early home visiting programme that can start from the early stages of pregnancy (from three months) up until a baby is one year.

### **There are key barriers to access health services for children and young people in contact with Oranga Tamariki**

40. Data from previous studies, research, and engagement with frontline health staff has highlighted that there are some key practical barriers preventing children and young people in contact with Oranga Tamariki from accessing health services.
- This cohort of children and young people in care have an increasingly diverse array of conditions and health needs, and staff are increasingly needing specialist training to deliver health care services to children (eg, de-escalation and emotional regulation skills to respond to serious events for high-needs children).
  - Initial gateway assessments are often not followed up once a child is admitted to care and become outdated for children who spend several years in care.
  - Children and young people are often not provided sufficient support once they are discharged from, or move between, care placements.
  - Waiting lists for secondary health services limit options for prioritising children and young people involved with Oranga Tamariki.
  - Health practitioners and social workers often struggle to liaise, plan, and provide joint navigation for the health needs of children and young people in care due to a lack of formal accountability mechanisms and service pathways between agencies – this means that staff often navigate through individual relationships they form but are regularly subject to change (eg, high staff turnover, role changes etc.).
41. We will provide you with subsequent briefings in April and May 2022, which will further describe and provide potential options for addressing these issues.



## There are gaps in data for children and young people in contact with Oranga Tamariki

42. We acknowledge that there are data gaps around both children and young people involved with care and protection systems. The data we have about the health needs of children and young people in care are likely underestimates as administrative data sources only reflect known and met needs. They also exclude those whose impairments have not yet been diagnosed, who do not meet thresholds for funding, or who are not yet in contract with services.
43. An interagency data and insights group is currently being established between the Ministry and Oranga Tamariki to examine data held by and between both agencies and uncovering insights, which will inform potential actions to prioritise through the Action Plan.
44. We will provide you with a briefing on using data and information sharing to improve health services in May 2022.

## Existing health services have limitations in terms of Māori self-determination and whānau-centred care models

45. Tamariki and rangatahi Māori have poorer health outcomes and are overrepresented in Oranga Tamariki populations of interest. We note that Māori and Oranga Tamariki populations of interest continue to have inequitable health outcomes, are more likely to not receive the treatment they need, and are more likely to attend the Emergency Department for a preventable disease. Active protection of the health and wellbeing needs is required for tamariki, rangatahi, and their whānau.
46. There are pockets of whānau-centered care models and approaches under the current health and care and protection systems. Key to whānau-centred models of health is a recognition that a child's wellbeing (not limited to health) is dependent on the wellbeing of the entire whānau. This may be actioned, for instance, by shaping plans for tamariki to consider their cultural needs and strengthen important relationships to maintain connections with whānau, hapū, and iwi needs.
47. Both the health and disability system reforms and the Future Direction Plan of Oranga Tamariki have ambitions to partner with Māori and embed Te Tiriti principles in the upcoming models for change. This includes rangatiratanga and partnership with Māori, supporting whānau to lead on preventative efforts for looking after the wellbeing of tamariki, and considering what this demands of social sector agencies. Oranga Tamariki have also made good progress in reducing the number of Māori tamariki entering care, with there being approximately 27% fewer Māori tamariki coming into care since 2010.

## Equity

48. The equitable provision of health services for children and young people involved with Oranga Tamariki is a key priority for the Government. Poor health and development outcomes during childhood have an adverse impact on social outcomes later in life, including violence, crime, and unemployment. We are aware that children, young people, and their whānau have different levels of access to health and disability services. This can be impacted by socio-economic factors, for instance, the cost of GP visits for some young people and lack of local transport options preventing access to health services.



49. There are additionally important considerations of intersectionality, for instance, tamariki and rangatahi Māori who also have disabilities, experiencing more health inequities, exclusion, and stigma when trying to access health services. Addressing the inequitable provision of health services for children and young people in care will require potential actions such as targeting structural barriers and investing in intensive intervention and multiagency support much earlier to change the trajectory of children and young people's lives in Aotearoa.
50. The health and disability reforms present an opportunity to improve the accessibility of existing health and disability services and assume more responsibility for the long-term health journey of children and young people involved with Oranga Tamariki. For example, through establishing multidisciplinary primary care teams to coordinate support for the whole whānau, integrating and organising services around priority cohorts, and linking tamariki Māori with kaupapa Māori and community-led support in the area. Over time, this can contribute towards a population health approach that integrates patient and whānau-centred models at the primary and community services level, while also improving access to regular health checks for children in the care of Oranga Tamariki.

### Next steps

51. The Ministry will provide you with a briefing in April 2022 that will discuss health system prioritisation for children and young people involved with Oranga Tamariki, specifically focusing on mental health services.
52. We will continue to work with Oranga Tamariki to progress the health related Action Plan actions. You will be updated on the progress of this work via briefings and the Weekly Report.

ENDS.

# Appendix 1

**Figure 1: Children in the care and protection system by placement type (30 June 2021)**

Placement type	% (no. of kids)	General description
Whānau	43% (2344)	Child placed into the custody of the Chief Executive, and is supported to remain living with a member of their whānau as their caregiver.
Non-whānau	18% (972)	Child placed into the custody of the Chief Executive and living with an Oranga Tamariki approved carer who are not part of their own whānau (in contrast to other carers, who typically work with NGOs to provide care through contracted service arrangements).
Home	12% (670)	Child/young person placed into the custody of the Chief Executive and is remaining at home with their whānau with support from Oranga Tamariki.
Iwi social services / NGO	10% (522)	Connecting tamariki Māori in care to caregivers from their whānau, hapū, or iwi (also options for caregivers of the child's ethnicity).
Independent living	2% (126)	If permanent care cannot be found or is not suitable, the young person may be able to live independently if they are over 16 years old and have adequate practical life skills and a network of support around them.
Supervised / specialist group homes (remand and bail homes for youth justice young people).	2% (108)	Supervised group homes for groups of 4-5 children/young people (aged between 9-17 years) are based in the community and run by Oranga Tamariki staff or care partners. Considered when needs can't be met in other community settings, or as a step down from a residence with a focus on the provision of therapeutic care.
Residences (care and protection, youth justice)	1% (77)	Placement for children/young people when they are unable to be placed in the community. There are five youth justice and five care and protection residences across Aotearoa.
Other	5% (286)	These can include residences, family/group homes, and contracted NGO services arrangements among others.
No placement recorded	6% (304)	This includes those children/young people who are currently missing or not staying with an approved caregiver so cannot be captured through the usual reporting system.



# Memo

## Oranga Tamariki Action Plan: Implementation Plan

<b>To:</b>	Dr Ashley Bloomfield, Director-General of Health
<b>Copy to:</b>	Maree Roberts – DDG System Strategy and Policy Philip Grady – DDG Mental Health and Addiction Deborah Woodley – DDG Population Health and Prevention Clare Perry – Health System Improvement and Innovation
<b>From:</b>	Steve Barnes, Group Manager, Family and Community Health Policy
<b>Date:</b>	29 April 2022
<b>For your:</b>	Action

### Purpose of report

1. On 19 April you received an email request from Chappie Te Kani, Secretary for Children, requesting feedback on a draft implementation plan for the Oranga Tamariki Action Plan (the Action Plan). This includes a request to identify some actions that can be taken over the next eight months to improve health outcomes for children involved with Oranga Tamariki.
2. This memo provides you with background on the status of the Action Plan, including the work we have been doing with Oranga Tamariki over the past few months. It discusses some options for identifying potential short-term actions, noting the need to consider the role of the interim health agencies in this work.
3. We have shared this memo with Fepulea'i Margie Apa and Riana Maneul, as Health New Zealand and the Māori Health Authority have roles in progressing some short-term actions in the second half of this year. We have been advised by Rachel Haggerty at HNZ, that the Boards of Health New Zealand and the Māori Health Authority have endorsed an approach to working with Oranga Tamariki that aligns to their stated areas of interest.
4. You previously discussed the Action Plan with Mr Te Kani when you met with him in February 2022.

### Background

5. The requirement to have an Oranga Tamariki Action Plan is set out in the Children's Act 2014, with a plan required to set out how the chief executives of children's agencies



- (including you as Director-General of Health) will work together to achieve improved outcomes for the core populations of interest to Oranga Tamariki.
6. Towards the end of last year the Minister for Children directed Oranga Tamariki to develop an Oranga Tamariki Action Plan at pace, following agreement by Cabinet to a future direction for Oranga Tamariki. In November the Child and Youth Wellbeing Ministers Group received a draft Action Plan, for which they expressed their support.
  7. The Action Plan includes a mix of short and long-term actions. Of the 11 actions included in the Action Plan, the following seven have implications for the health system:
    - a. Action 1: CE's expectations
    - b. Action 2: Practical high-impact action identification
    - c. Action 3: In-depth assessment of needs
    - d. Action 6: Access to services
    - e. Action 9: Investment in prevention
    - f. Action 10: A localised, whānau-led, system learning approach to the first 1000 days
    - g. Action 11: Support and respond to locally-led prevention plans.
  8. The Action Plan was endorsed by Cabinet on 4 April 2022. However, Cabinet also requested that Oranga Tamariki develop an implementation plan that can be published alongside the Action Plan, and sought reassurance that agencies will enact high impact, specific and measurable actions.
  9. This is reflected in the email request from Mr Te Kani, which asks agencies to identify practical actions that agencies will commit to delivering within the next eight months (in response to action two in the plan).
  10. The timeframe for the development of the Implementation Plan is:
    - a. 26 April 2022 – Agencies to provide feedback on Implementation Plan actions (your office has signalled to Oranga Tamariki that your response will be later than this given competing demands)
    - b. 3 May 2022 – Special Social Wellbeing Board meeting to discuss the Implementation Plan
    - c. 10 May 2022 – Implementation Plan provided to the Minister for Children
    - d. 12 May 2022 – Lodged with Cabinet office
    - e. 16 May 2022 – Considered by Cabinet

### **Work underway with Oranga Tamariki in response to the Action Plan**

11. At the time that a draft Action Plan was being developed by Oranga Tamariki last year, the Minister for Children wrote to his colleagues seeking their support, and asking them to direct their Chief Executives to make this a priority. You will recall receiving a letter in January from the Minister of Health asking for advice on how to improve access to health services by children, young people, and whānau working with Oranga Tamariki.
12. In response to this request, the Family and Community Health Policy Group has been doing policy work in anticipation of the Action Plan being approved by Cabinet, noting

that action three will involve Oranga Tamariki developing in-depth assessments of different areas of need (including health need) for discussion with Ministers in the second half of 2022.

13. In January we provided the Minister of Health with a briefing responding to his letter, noting that we would do work during the first half of 2022 to put health agencies and the Minister in a good position to develop detailed advice and consider changes to the health system at the same time as or following these needs assessments during the second half of 2022 (HR20220029).

First half of 2022	<p>Preparatory policy work - involves collecting information and developing briefings that:</p> <ul style="list-style-type: none"> <li>• unpack current challenges in the way health needs are addressed between Oranga Tamariki and the health system, and</li> <li>• identify the types of levers/actions that Ministers might want to consider following the needs assessment discussions.</li> </ul> <p>To date we have provided the Minister with advice on the provision of health services for children and young people involved with Oranga Tamariki (HR20220240).</p> <p>A briefing is scheduled to go to the Minister this week which discusses the prioritisation of health services, using mental health as a lens to understand challenges and potential approaches [HR20220604].</p> <p>A further briefing is planned for May which will explore other ways of improving access to health services, including through primary care.</p>
Second half of 2022	<p>Needs assessments to be developed by Oranga Tamariki working with the Ministry (through a planned cross-agency data and insights group). It may also be valuable for Health New Zealand and the Māori Health Authority to be part of this work.</p> <p>These assessments will be discussed by the Child and Youth Wellbeing Ministers group – health assessments may be broken into a number of parts (e.g. mental health, primary care, specialist services, etc).</p>
Second half of 2022	<p>Options for change – development of policy advice for Ministers outlining options to address the issues that are identified through the needs assessments. To be developed with input from Health New Zealand and the Māori Health Authority.</p>

14. Working in this way recognises that health system reforms create challenges in terms of delivering short-term changes given the amount of activity that is already happening in the health system, while noting that reforms also create opportunities to improve



support in the medium-term, by allowing agencies to build improvements into the structure of the health system.

## Responding to the request for short-term actions

15. Given the short timeframe for this request, we have identified some potential short-term actions that could be put forward. These are a combination of actions that the Ministry has identified as well as actions that were proposed by Oranga Tamariki.

Actions identified by the Ministry	Justification
Develop locally-tailored resources to support social workers and carers supporting tamariki and rangatahi to arrange access to health and oral care services, fulfil health entitlements, and enrol with health care providers	Improve navigation by social workers within the health system to promote seamless and continuous access to health services.
Specifically incorporate populations of interest to Oranga Tamariki within key health system accountability documents, such as the interim New Zealand Health Plan	Promoting visibility of this population while key accountability documents and areas of focus are designed and embedded
Establish a cross-agency data and insights group between the Ministry of Health and Oranga Tamariki to inform immediate and ongoing priorities and actions (note that work is already underway with colleagues from Oranga Tamariki to establish this group).	Further develop a shared understanding of the data, insights and challenges this population faces in supporting their health and wellbeing, including to inform Ministerial discussions and subsequent responses

Actions identified by Oranga Tamariki	Comment
<i>1. Identify options to be more responsive to the cohort of tamariki in care who have a significant history of developmental trauma and who may not meet the current thresholds for specialist mental health services</i>	Treatment for tamariki in care who have a significant history of developmental trauma is an area where HNZ and MHA wish to explore with Oranga Tamariki how to develop models of care that are trauma-informed and leverage the contributions of the funding agencies engaged in this support (including Accident Compensation Corporation and Oranga Tamariki). Young people under the care of Oranga Tamariki already make up a high proportion of



	young people accessing mental health services and these services are under very high demand pressure but there is an opportunity to redesign services, using collective resources to be more responsive.
<i>2. Identify options that might support a transition for a child or young person in care from an acute mental health ward to community-based care</i>	This action provides an opportunity to connect community mental health services with Oranga Tamariki to assist in providing some support in transition. There are complexities that require further scoping and there is an opportunity to again, work together to redesign service pathways to develop solutions. There will be partners other than mental health services who can also be part of this solution. Exploration with a locality lens would be helpful.
<i>3. Identify intervention options for young people in care who present with high-risk behaviours, including suicidal ideation and eating disorders, and who may not have the requisite support for family-based treatment programmes (e.g. Dialectical Behaviour Therapy)</i>	This is perhaps the most challenging issue, in that the treatment of issues such as eating disorders in young people and high-risk behaviours associated with trauma (including suicidality) require family and contextual approaches that are likely to require a significantly different approach than what Oranga Tamariki is currently able to provide. HNZ and MHA have indication that they are willing to work through these challenges with OT to determine an appropriate model of care with the key funding partners (health entities, ACC and Oranga Tamariki).

16. We have also included a longer list of potential actions in an appendix for your consideration. These actions have been suggested based on their likely impact, and our desire to identify and progress more substantial actions through other work and following strong consultation with iMHA and iHNZ.

*We have rapidly engaged with Health New Zealand and the Māori Health Authority on these potential actions*

17. We sought feedback on these potential actions from Health New Zealand and the Māori Health Authority yesterday (at short notice, given the Oranga Tamariki timeframes).
18. Health New Zealand and the Māori Health Authority have signalled that while they are comfortable with the proposed short-term actions, it also commented that this request

may be better addressed if the interim agencies engage directly with Oranga Tamariki to identify actions. Health New Zealand noted that bringing together these agencies to provide a unified and simplified health service creates significant drivers for change, with the NZ Health Plan enabling these agencies to form agreements with other agencies to remove barriers to collaboration.

19. Health New Zealand highlighted that system reforms create a significant opportunity to improve health outcomes for this cohort of children and has indicated that it will likely prioritise work to focus on greatest need, starting with children in residential care.
20. The feedback received was from the perspective of the NZ Health Plan, which is a joint document prepared by HNZ and the MHA.

### **It is critical that the health system delivers on the actions to which we commit**

21. The actions that we are proposing are significant and have the potential to make meaningful impacts on the lives of tamariki.
22. The majority of the proposed actions will need to be led by Health New Zealand and the Māori Health Authority. Health New Zealand and the Māori Health Authority have confirmed that they are confident that the proposed actions will be able to be delivered within eight months. We understand that the Boards of Health New Zealand and the Māori Health Authority have endorsed an approach to working with Oranga Tamariki that aligns to their stated areas of interest.
23. The Ministry will be responsible for the commitment to establish a cross-agency data working group. Work on this is already underway.
24. While delivery of the proposed actions will primarily sit with Health New Zealand and the Māori Health Authority, under the Children's Act 2014 you remain jointly accountable for the Oranga Tamariki Action Plan, alongside the Chief Executives of the other children's agencies. The Ministry will need to continue to have a strong presence in this work as part of its stewardship role.

### **Health New Zealand and the Māori Health Authority will play an important role in this work and our wider work with Oranga Tamariki**

25. While we have been working closely with relevant teams within the Ministry to develop our advice over the last few months, we are now at a point where Health New Zealand and the Māori Health Authority are an integral part of the Action Plan.
26. Health New Zealand has noted that short-term actions are not likely to lead to significant changes in health outcomes for children in care. We agree and will work closely with Health New Zealand and the Māori Health Authority on our upcoming advice on how the health system can better meet these children's needs.
27. Given that our advice to date has been informed and shaped by teams in the Ministry that will move to Health New Zealand on 1 May, we have a good foundation for this work to continue.



## Next steps

28. We have drafted an email that you could potentially use to reply to the request from Mr Te Kani, which includes some wider context.

## Recommendations

It is recommended that you:

1.	<b>note</b>	that you received an email request from Chappie Te Kani, Secretary for Children, requesting feedback on a draft implementation plan for the Oranga Tamariki Action Plan	✓
2.	<b>note</b>	that the proposed actions have been developed with Health New Zealand and the Māori Health Authority	✓
3.	<b>note</b>	that Health New Zealand and the Māori Health Authority will be responsible for delivering the majority of the proposed actions and have confirmed that they are confident that this is possible to achieve within the eight month window	✓
4.	<b>note</b>	that under the Children Act 2014 you remain jointly accountable for the Oranga Tamariki Action Plan, alongside the Chief Executives of the other children's agencies	✓
5.	<b>approve</b>	the proposed actions to be included in the Oranga Tamariki Action Plan implementation plan	Yes
6.	<b>note</b>	that this memo attaches a draft email response to the Secretary for Children for your review and feedback.	✓

Signature

*Steve Barnes*

Date:

*29/4/22*

Steve Barnes

**Group Manager, Family and Community Health Policy**

Signature

*[Signature]*

Date:

*29/4/22*

Dr Ashley Bloomfield

**Te Tumu Whakarae mō te Hauora**

**Director-General of Health**



## Appendix One

### Long-list of potential actions to progress through Action Two of the Action Plan:

- Develop locally-tailored resources to support social workers and carers supporting tamariki and rangatahi to arrange access to health and oral care services, fulfil health entitlements, and enrol with health care providers
- Enhance relationships and coordination between health and care and protection professionals, including through increased access to clinical mental health and addiction advice
- Investigate ways to improve the ability for health information systems to monitor, promote and follow up on the provision of health services to ensure services and referrals are accessed
- Specifically incorporate populations of interest to Oranga Tamariki within key health system accountability documents, such as the interim New Zealand Health Plan
- Improve health care continuity by making operational changes so that wait times for specialist services are not reset for those moving between care placements and regions
- Review relevant funding and commissioning contracts as they transition to new entities, to promote a focus on and tailoring to populations of interest to Oranga Tamariki
- Establish a cross-agency data and insights group between the Ministry of Health and Oranga Tamariki to inform immediate and ongoing priorities and actions (note that work is already underway within my Group and with colleagues from Oranga Tamariki to establish this group).
- Identify mechanisms to improve both enrolment and engagement with universal health entitlements, including by treating children involved with Oranga Tamariki as a 'priority population' within localities, establishing an expectation that those referred to specialist care be enrolled with primary care providers, and promoting enrolment when leaving Care and Protection or Youth Justice residences.

## Appendix Two

### Suggested text for an email response to the Secretary for Children

Tēnā koe Chappie,

My apologies that it has taken a little longer than your requested timeframe to come back to you on this. The Oranga Tamariki Action Plan mahi is very important and it was important to me that our response was fulsome and focused on improving outcomes for this group of children.

I'd first like to reiterate our commitment to meaningful and enduring improvements in how the sector supports the health and wellbeing of populations of interest to Oranga Tamariki. We remain strongly committed to the Action Plan, and we are excited by the opportunity to work alongside you and our Children's agency colleagues to realise this.

#### **Short-term commitments**

It is our understanding that this kōrero relates to Action 2 of the Plan, which has a focus on high-impact, measurable actions that can be completed in the short-term.

We have engaged with our colleagues in Health New Zealand and the Māori Health Authority, which as you know will lead the day-to-day running of health services from 1 July, and identified some tangible actions that can be progressed within the year, and support ongoing work on other actions in the plan.

These actions are:

- Develop locally-tailored resources to support social workers and carers supporting tamariki and rangatahi to arrange access to health and oral care services, fulfil health entitlements, and enrol with health care providers
- Specifically incorporate populations of interest to Oranga Tamariki within key health system accountability documents, such as the interim New Zealand Health Plan
- Establish a cross-agency data and insights group between the Ministry of Health and Oranga Tamariki to inform immediate and ongoing priorities and actions (note that work is already underway between our agencies to establish this group).
- Identify options to be more responsive to the cohort of tamariki in care who have a significant history of developmental trauma and who may not meet the current thresholds for specialist mental health services
- Identify options that might support a transition for a child or young person in care from an acute mental health ward to community-based care
- Identify intervention options for young people in care who present with high-risk behaviours, including suicidal ideation and eating disorders, and who may not have the requisite support for family-based treatment programmes (e.g. Dialectical Behaviour Therapy).

While we're confident these can make a meaningful impact for tamariki, rangatahi and their whānau, there is a lot more to do and I'd like to note a few things to give them context.

#### **Health's wider Action Plan work programme**

Identifying the most impactful opportunities requires time and input from partners. With the help of our Oranga Tamariki colleagues, we started a work programme in January this year identifying areas of focus and opportunities that can be taken forward as part of the wider Oranga Tamariki Action Plan.



These cut across actions within the Action Plan and span topics such as primary health, mental health and specialist services, funding and accountability settings, and information sharing, and are intended to inform discussions and build an evidence base in the lead up to 'in depth assessment and response to health need' by Child and Youth Wellbeing Ministers planned from mid-2022 (Action 3).

We see this work as important to developing advice on medium and longer-term opportunities for change in the context of health system reforms and through the Action Plan.

### **Health reform opportunities and partnership across health entities**

While the health reforms put some limitations on the shorter-term operational commitments we can make and deliver, they also create opportunities for significant change. As the new health entities bed in, we'll work together to ensure populations of interest to Oranga Tamariki are a considered focus as new arrangements form, such as through monitoring, tailored models of care, and partnerships across entities.

Given many of our operational colleagues are in the process of transitioning, and the need for IMHA and iHNZ to be involved in both determining and seeing through potential actions, the initial actions to address action 2 leave space to determine the best way to go about achieving their intent.

### **Addressing the complexity of mental health needs**

I note that in your request you included some 'example' short-term actions, and that these all relate to mental health services. We have included these actions in our commitments, but I'd note that there is a need for a shared understanding of mental health and trauma-informed care to facilitate relationships and collaboration between the health and Oranga Tamariki systems.

There is a high degree of crossover between young people who access Care and Protection or Youth Justice Services provided by Oranga Tamariki and young people who access mental health services. For example, nearly one in five (17.9%) young people aged 10-18 who used mental health services in 2019/20 had a recent child protection intervention (since 2018/19).

It is well understood that young people who have the sorts of experiences that bring them to the attention of services provided by Oranga Tamariki are more likely to experience mental health or substance related harm issues. Unlike many treatments for other health conditions, much mental health and substance related harm treatment is focussed on learning how to live with and adapt to challenges rather than traditional 'medical' concepts of cure.

This is particularly so in the context of issues that have their genesis in the experience of adverse childhood events, attachment and parenting issues or intergenerational trauma. Evidence based treatment associated with these issues often requires a combination of interventions that are focussed on the individual young person and on the behaviour and supporting actions of those around them, particularly whānau or those acting in the role of whānau.

Mental health providers who interact with Oranga Tamariki at the practice level commonly observe that there are unrealistic expectations about what can be achieved in mental health care. They note a general unpreparedness of the Oranga Tamariki workforces to work effectively with some issues that may be mental health related but which are often associated with a trauma experience. Identifying whānau who can be supporting and active in treatment or ensuring that a young person's placement will have the required stability and longevity to support effective treatment is often difficult as well as underestimated by Oranga Tamariki providers.



I'm looking forward to further discussion at next Tuesday's special Social Wellbeing Board meeting.

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# Briefing

## Oranga Tamariki Action Plan: Health system prioritisation for children and young people involved with Oranga Tamariki

<b>Date due to MO:</b>	27 April 2022	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	HR20220604
<b>To:</b>	Hon Andrew Little, Minister of Health		
<b>Copy to:</b>	Hon Kelvin Davis, Minister for Children		

### Contact for telephone discussion

Name	Position	Telephone
<b>Maree Roberts</b>	Deputy Director-General, System Strategy and Policy	s 9(2)(a)
<b>Philip Grady</b>	Acting Deputy Director-General, Mental Health and Addiction	s 9(2)(a)
<b>Steve Barnes</b>	Group Manager, Family and Community Health Policy, System Strategy and Policy	s 9(2)(a)

### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

# Oranga Tamariki Action Plan: Health system prioritisation for children and young people involved with Oranga Tamariki

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**Security level:** IN CONFIDENCE      **Date:** 27 April 2022

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**To:** Hon Andrew Little, Minister of Health

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## Purpose of report

1. This briefing discusses the concept of prioritising health services for children and young people involved with Oranga Tamariki, using the lens of specialist mental health services. Mental health services are an area of significant need for children and young people involved with Oranga Tamariki, and the way they are arranged and prioritised also provides insight on both the challenges and potential opportunities for improving access to specialist health services for this population.
2. This advice is part of a series of briefings, which will support in-depth assessment of and response to health need by Child and Youth Wellbeing Ministers from mid-2022, and the subsequent identification of options that can be taken forward as part of the Oranga Tamariki Action Plan.
3. This report discloses all relevant information.

## Summary

4. Children and young people involved with Oranga Tamariki often have multiple complex needs resulting from exposure to Adverse Childhood Events (ACEs) and prolonged unmet health needs. As a result, this population is at significantly greater risk of a range of negative physical, mental and developmental outcomes.
5. This population mainly relies on universal health services to meet their needs. However, these are prioritised on the basis of individual need, and children and young people involved with Oranga Tamariki can fail to meet diagnostic thresholds or face long waiting lists for services.
6. Many universal health services, particularly Infant, Child and Adolescent Mental Health Services (ICAMHS) are already experiencing very considerable demand and workforce supply pressure, which the COVID-19 pandemic and its impacts are likely to make worse.
7. This population also experience many barriers that can make accessing universal health services difficult. These may include residential transience, geographic availability of services, and the capacity and suitability of existing services.



8. To address some of the limitations and barriers of the public health system, Oranga Tamariki provides, and/or pays for, some dedicated private services, though these are not sufficient to meet all of this population's needs.
9. Recent investment in mental health and wellbeing, and ongoing reforms of the health and disability systems, should both, to a degree, improve access to mental health services for children and young people involved with Oranga Tamariki.
10. However, there are a range of potential approaches that could be considered to further improve access. Some of these include:
  - a. s 9(2)(f)(iv)
  - b.
  - c.
11. Each of these comes with interdependencies and trade-offs, including resource implications. We plan to undertake further work on these and other potential approaches with Oranga Tamariki in preparation for in-depth assessment of and response to health need at the Child and Youth Wellbeing Ministers' meetings from mid-2022.
12. The intent of identifying potential approaches now is to allow Ministers to not only discuss health needs, but also to support timely discussions about how the government may respond to them.

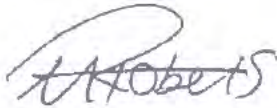
## Recommendations

We recommend you:

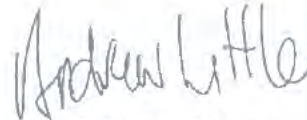
- a) **Note** this briefing is part of a series to support discussions on in-depth assessment of and response to health need at Child and Youth Wellbeing Ministers' meetings from mid-2022 (HR20220029 and HR20220240 refer)
- b) **Note** children and young people involved with Oranga Tamariki largely rely on universal health services to meet their needs
- c) **Note** barriers to effectively accessing universal specialist services highlight wider limitations of how the system works for this population, including fragmented responsibilities, the capacity and suitability of existing services, and residential transience
- d) **Note** there is work underway to better support the health of children and young people involved with Oranga Tamariki
- e) **Note** there are further potential areas of focus within current arrangements that could address these challenges. s 9(2)(f)(iv)
- f) **Note** these and additional approaches will be worked through with Oranga Tamariki in subsequent advice

- g) **Note** you will receive a further briefing in May 2022 focusing on improving access to primary care for children and young people involved with Oranga Tamariki
- h) **Agree** to share a copy of this briefing with Hon Kelvin Davis, Minister for Children

☒ Yes ☐ No



Maree Roberts  
Deputy Director-General  
**System Strategy and Policy**  
Date: 22/04/2022



Hon Andrew Little  
**Minister of Health**  
Date: 10/7/22



Philip Grady  
Acting Deputy Director-General  
**Mental Health and Addiction**  
Date: 21 April 2022



# Oranga Tamariki Action Plan: Health system prioritisation for children and young people involved with Oranga Tamariki

## Context

1. In January 2022 you agreed to receive a series of briefings with advice on improving health outcomes for children and young people involved with Oranga Tamariki (HR20220029 refers). These briefings explore how health services are currently provided for this population, outline key challenges in certain areas, and identify potential approaches to affect change.
2. This series of briefings focuses on “those currently involved with Oranga Tamariki” and covers children and young people currently involved with the care and protection or youth justice systems (HR20220240 refers).
3. This briefing discusses the concept of prioritising health services for children and young people involved with Oranga Tamariki, using the lens of specialist mental health services. Mental health services are an area of significant need for children and young people involved with Oranga Tamariki, and the way they are arranged and prioritised also provides insight on both the challenges and potential opportunities for improving access to specialist health services for this population.
4. This advice intends to support discussions on in-depth assessment of and response to health need at Child and Youth Wellbeing Ministers’ meetings from mid-2022, led by Oranga Tamariki, and inform subsequent discussions on options that can be taken forward as part of the Oranga Tamariki Action Plan (the Action Plan). The indicative approaches discussed focus on how the health and care and protection systems currently interact, noting further analysis and collaboration on wider system changes and accountabilities between Children’s agencies is planned as part of the Action Plan.

## Children and young people involved with Oranga Tamariki often have multiple needs that are not well met by the current health system

5. Children and young people that come into contact with Oranga Tamariki have often experienced a range of Adverse Childhood Events (ACEs). If numerous and left unaddressed, such adversity and trauma has the potential to manifest in life-long challenges across physical, mental and developmental domains<sup>1</sup>. For children and young people in care, these include but are not limited to an increased prevalence of unmet vision, dental and oral health needs<sup>2</sup>, physical and cognitive disabilities<sup>3</sup>, Fetal Alcohol Spectrum Disorder (FASD)<sup>4</sup>, addiction, depression and self-harm<sup>5</sup>.
6. In 2019, high school students with past or current involvement with Oranga Tamariki were over twice as likely to report depressive symptoms, four times as likely to have attempted suicide, and twice as likely to report being unable to access a health provider when they needed to<sup>6</sup>.



7. We also know that young users of mental health services are twice as likely to have had a statutory intervention in their lifetime, and five times as likely to have had a child protection placement<sup>7</sup>. Approximately 22% of young people aged 10 to 18 who had contact with Oranga Tamariki in the past two years accessed mental health services in the year 2019/20, compared to only 4% of young people who had no lifetime contact with Oranga Tamariki<sup>8</sup>.
8. While data on health service usage by children and young people involved with Oranga Tamariki is limited, numerous reports and anecdotal evidence indicate significant unmet need. Officials from the Ministry of Health (the Ministry) and Oranga Tamariki have established a cross-agency data and insights group to improve our quantitative evidence base to accompany what tamariki, whānau, and professionals have told government.

### Children and young people involved with Oranga Tamariki rely on universal health services to meet their health needs

9. Children and young people in Care and Protection residences and Youth Justice residences receive access to dedicated in-house primary health care services during business hours. However, these children and young people only make up approximately 1% of all those involved with Oranga Tamariki. The remainder generally rely on universal health services to meet their health needs.
10. Access to these is prioritised on the basis of need and the person's ability to benefit. DHBs must also manage patients in accordance with the Planned Care (elective and arranged services) principles of equity, access, timeliness, quality, and experience.
11. Children and young people involved with Oranga Tamariki receive no specific prioritisation or preferential access to these services. In practice this means they compete with the general population for access to universal health services. Children and young people involved with Oranga Tamariki often fail to meet the diagnostic threshold for certain services and/or face long waitlists. Failing to provide adequate health care children and young people need while they are engaged with agencies can miss a critical opportunity to support their health, wellbeing and development, and in some cases the stability of their placement.

### Children and young people involved with Oranga Tamariki face specific barriers to access specialist services, particularly for mental health services

12. Previous advice has outlined broader challenges for this population in accessing health services, such as navigating the system and frontline collaboration (HR20220240 refers). Informed by recent interviews with mental health and care and protection professionals, particular challenges for accessing specialist health services include:
  - a. **Oranga Tamariki being legislatively accountable for the delivery of supports that sit in other sectors.** There is a lack of clarity on roles and responsibilities at national and local levels, and a number of disjointed pathways and funding mechanisms for accessing specialist services. Oranga Tamariki staff attempt to fill support gaps themselves, and children and young people can become disconnected from public health services, face delays or miss out entirely.
  - b. **The capacity and prioritisation of health services.** Limited resources, workforce pressures and high demand for services have necessitated strict prioritisation, particularly in the mental health sector. This is increasingly based on acute risk

rather than level of distress or functional impairment. Often children have a medium level of need across several domains, which may not be 'acute' enough to gain access to a single specialist service. DHB expenditure on Infant, Child and Adolescent Mental Health Services (ICAMHS) over the last 10 years has not kept up with an increase in service provision, impacting access for those involved in Oranga Tamariki and wider service capacity (HR20211783 refers).

- c. **Unique wellbeing needs of this population.** While the impacts of trauma and adversity can manifest in mental health challenges, some experience multi-layered behavioural, developmental, and trauma-based difficulties arising from a combination of their context and conditions that no single service or sector is well configured to support. There is also a need for a shared understanding of mental health and trauma-informed care to facilitate relationships and collaboration between health and care and protection workers. Evidence-based treatment options commonly involve a high degree of integration with the young person's living environment and relationships. This is sometimes not supported by expectations that a young person will receive and benefit from 'treatment' within a service setting, independent of their broader context. More kaupapa Māori and Pacific services and increased cultural competency are also required to better support tamariki Māori and Pacific children and youth, as 56% of those in care identify as Māori, 11% as Māori and Pacific, and 6% as Pacific.
- d. **Stability of care situations impacting the access and effectiveness of services.** Transience and complex family dynamics do not always provide the stable and voluntary basis for effective mental health and therapeutic interventions. Moving around can also 'reset' the wait time for specialist services and pose challenges for patient management systems and information sharing.
- e. **Uneven distribution of need and availability.** Areas with a high number of children and young people involved with Oranga Tamariki can face disproportionate stress on their public services. This is especially so in regions with Care and Protection residences, which do not have dedicated funding for specialist mental health services and therefore rely on and compete with public health capacity. Rural regions in particular can have limited options for youth-specific and culturally relevant supports.

### Oranga Tamariki pays for private health services to supplement universal services

- 13. At its discretion, Oranga Tamariki can directly purchase and/or provide health services for children and young people in their custody to avoid long waitlists and inconsistent service availability in different regions. While the most commonly sought specialist health services are mental health and addiction services, some also require access to paediatricians, physiotherapists, speech and language therapists, and other health specialists such as ophthalmologists and dermatologists.
- 14. The way these are arranged, funded and delivered is fragmented and inconsistent across regions. While all children and young people are entitled to a range of specialist health services if they meet the eligibility criteria, specialist health services are arranged in a range of other ways:
  - a. Oranga Tamariki directly purchase services and supports from private providers and non-government organisations when public health services are not appropriate or



available in a timely manner. Oranga Tamariki spends approximately \$10 million per annum on these services.

- b. Oranga Tamariki employs clinical services teams of psychologists and therapists in five locations across the country. These teams provide specialist services to address the specific clinical difficulties faced by children and young people in care. Oranga Tamariki currently employs 40 FTE for these teams, at an annual cost of approximately \$4 million.
- c. DHBs fund and deliver services within Youth Justice residences through five regional youth forensic services teams. This includes for assessment, treatment and advice regarding young people in the youth justice system. Oranga Tamariki also employ a psychologist in each Youth Justice residence.
- d. The Ministry and Oranga Tamariki contract DHBs to deliver dedicated in-house primary health services during regular work hours for both Care and Protection and Youth Justice residences.
- e. Oranga Tamariki contracts Capital and Coast DHB to provide a national specialist assessment and intervention service for children with 'high and complex' needs.

**Children and young people involved with Oranga Tamariki should benefit from recent investments in universal services...**

15. Budget 2019 included an additional \$1.9 billion for mental health and wellbeing initiatives and capital investment across agencies, including investment to address the social determinants of mental wellbeing. The package included \$455 million over four years for the Access and Choice programme to provide national coverage of primary mental health and addiction services for 325,000 people per year by 2023/24.
16. The Access and Choice programme is introducing mental health workers in general practices across the country, as well as rolling out services that have been co-designed with and tailored to Māori, Pacific people, and youth. These services aim to support those with mild to moderate needs who do not meet the threshold for specialist mental health services. There are no access criteria and support is free and rapid. These primary services are available to those involved with Oranga Tamariki, may be more culturally relevant to these populations than currently available specialist mental health services, and intend to free up capacity for specialist interventions over time.
17. There is also a broad programme of work underway to improve mental wellbeing supports for children and young people, including through school-based initiatives and digital supports, to enable broader reach and access to earlier interventions.
18. Budget 2019 also saw an additional \$19 million over four years to increase the capacity of youth forensic mental health services across the five regional forensic services. These services involve specialists working with youth who have serious mental health needs and offending behaviours, including those involved with Oranga Tamariki.

**...and from ongoing work across the health system**

19. *Kia Manawanui – Long-term pathway to mental wellbeing* identifies children in care and children experiencing adverse childhood events as two of 12 priority groups. *Kia Manawanui* also identifies the need for additional kaupapa Māori services and further embedding of mātauranga Māori throughout existing and new mental health supports.



20. In addition, the Mental Health and Addiction System and Services Framework, currently out for targeted sector engagement, aims to ensure services are located and available more equitably across the country (HR20220459 refers). The draft Framework calls for a critical shift in focus on promoting mental wellbeing and intervening early – both early in the life course and as needs arise – by taking a whole-of-whānau approach that prioritises early investments.
21. The Ministry is also leading a range of initiatives to grow the mental health workforce to deliver more and better services. This is an important consideration for specialist child mental health services in particular, whose workforce is already under significant pressure and faces competition from across public and private sectors.
22. The current health system reform also presents opportunities to improve health outcomes for all vulnerable children and their whānau, including those involved with Oranga Tamariki. Localities could tailor models of care to the unique needs of their communities, link to a wider range of culturally relevant supports, and partner across sectors to better support the social determinants of health. Multidisciplinary primary care teams could also improve the coordination and delivery of health services to children, young people, and their whānau. These and further opportunities to improve access to, integration with, and outcomes from primary health care for this population will be the focus of upcoming advice.

### **Potential approaches to further improve access to specialist mental health services for children and young people involved with Oranga Tamariki could be explored**

23. To support in-depth assessment of health need and subsequent decisions on how to address it, Ministry officials have identified an initial set of potential approaches that could improve access to specialist health services within the current system and arrangements. These and further approaches will be further explored with Oranga Tamariki in subsequent advice.
24. Each would come with trade-offs, implications for other high-needs populations, interdependencies, financial implications and/or implementation considerations. They would involve significant lead-in time, and may not be feasible to implement without a significant increase in service capacity, child and youth mental health workforce development, and improved data and information sharing systems.

s 9(2)(f)(iv)

25.

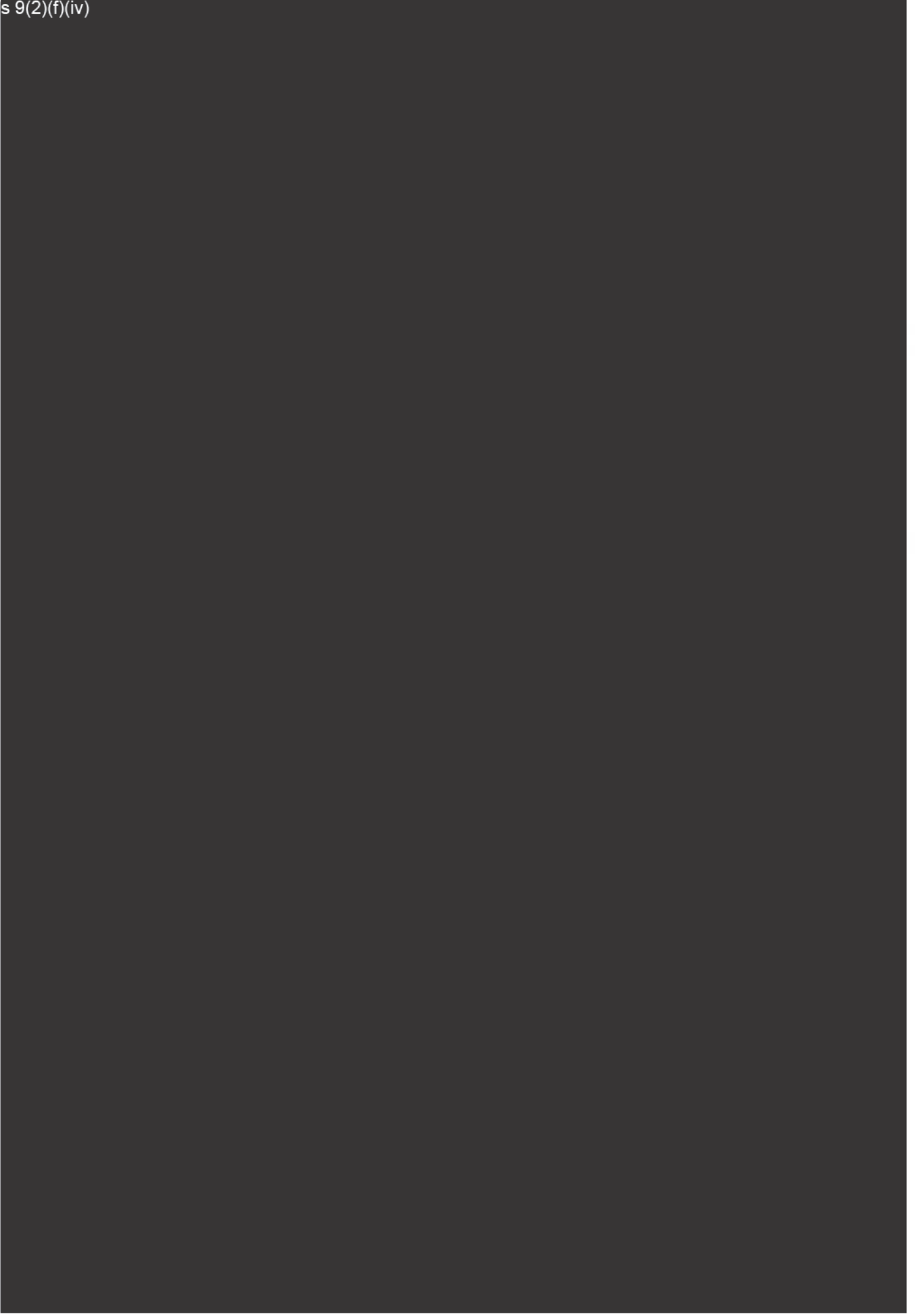
s 9(2)(f)(iv)

s 9(2)(f)(iv)

26.

s 9(2)(f)(iv)

s 9(2)(f)(iv)



s 9(2)(f)(iv)

### Greater accountability

36. There may be value in shared accountability across agencies and within the health system. There is currently no whole of government view on what a good response to 'high and complex' needs looks like, which creates confusion on the roles and responsibilities of each agency.
37. Oranga Tamariki has clear responsibilities, under the Oranga Tamariki Act 1989 and the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018, to assess and address the health needs of children and young people in care.
38. Under the Oranga Tamariki Act 1989, the Ministry is a designated child welfare and protection agency. However aside from some data sharing obligations, this Act imposes no clear obligations on the Ministry in relation to children and young people involved with Oranga Tamariki.
39. The Ministry is also a designated a Children's agency under the Children's Act 2014, with responsibilities to contribute to the development of the Action Plan. Once it is approved and published, the Ministry will become accountable for achieving the relevant actions it sets, and for jointly reporting on its implementation.
40. Currently Oranga Tamariki and the health system are jointly responsible for *assessing* the health needs of children and young people involved with Oranga Tamariki, but only Oranga Tamariki is accountable for seeing that those identified health needs are *met*. As well as actions within the Action Plan, levers to improve ongoing health system accountability for meeting this population's needs could include:

- a. s 9(2)(f)(iv)

- b.



s 9(2)(f)(iv)

c.

41. Following their formal establishment in July 2022, we will engage with Health NZ and the Māori Health Authority on options to include specific consideration of children and young people involved with Oranga Tamariki within health system accountabilities and models of care.

## Equity

42. The relationship between the prioritisation of health services and equity is complex. Current settings aim to promote equity by prioritising access based on an individual's clinical need(s). However, clinical factors do not exist in isolation from other considerations that impact equity, such access to services and assessments and wider social factors. Currently, these may not consistently or adequately factor in a prioritisation decision.

s 9(2)(f)(iv)

43. s 9(2)(f)(iv)

44. Given 67% of children and young people involved with Oranga Tamariki identify as Māori or Māori and Pacific, actions to prioritise and invest in services to support this population would also address existing inequities. The general duty on the Crown to protect and promote equitable outcomes for Māori is arguably heightened when the state takes custody of tamariki Māori, as this entails assumed responsibility for supporting their health and wellbeing. Discharging these obligations requires proactive and collective action from across Children's agencies, including the Ministry.

45. Moreover, Pacific people and disabled people are also disproportionately overrepresented in children and young people involved with Oranga Tamariki. Maximising access to services while children and young people are most engaged with agencies is a key opportunity to improve equity of outcomes and make effective investments to support their life trajectory. Providing additional options and services to support their physical and mental wellbeing, and that of their whānau where possible, can also contribute towards the overarching goal of supporting children and young people to remain and thrive in their families and whānau.

## Next steps

46. The Ministry will provide you with the following briefing in May 2022:
  - a. Improving access to primary care for children and young people involved with Oranga Tamariki.
47. We will continue to explore potential opportunities that could be pursued as part of the Oranga Tamariki Action Plan and in the lead up to the in-depth assessment of and response to health need. You will be updated on the progress of this work through upcoming briefings and the Weekly Report.

ENDS.

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<sup>1</sup> Adults Surviving Child Abuse. *'The last frontier' – practice guidelines for treatment of complex trauma and trauma informed care and service delivery.* (2012)

<sup>2</sup> Internal Ministry of Health analysis. *Contact with Oranga Tamariki and use of health services for children aged under 5.* (2021)

<sup>3</sup> Oranga Tamariki. *Oranga Tamariki Action Plan.* (2022)

<sup>4</sup> Fetal Alcohol Spectrum Disorder (FASD) | Practice Centre | Oranga Tamariki (<https://practice.orangatamariki.govt.nz/previous-practice-centre/knowledge-base-practice-frameworks/fetal-alcohol-spectrum-disorder/>). (updated 2021)

<sup>5</sup> Ministry of Health. *Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing (Transitions Cohort Needs Assessment Survey 2018).* (2021)

<sup>6</sup> Youth19. *Young people who have been involved with Oranga Tamariki – Mental and physical health and healthcare access.* (2022)

<sup>7</sup> Internal Ministry of Health analysis. *Young users of mental health services who have had contact with Oranga Tamariki.* (2022)

<sup>8</sup> Internal Ministry of Health analysis. *Youth with contact with Oranga Tamariki accessing mental health services.* (2022)

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# Briefing

## Oranga Tamariki Action Plan: Improving access to primary care

<b>Date due to MO:</b>	31 May 2022	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	20220622
<b>To:</b>	Hon Andrew Little, Minister of Health		

### Contact for telephone discussion

Name	Position	Telephone
Steve Barnes	Group Manager, Family & Community Health Policy, System Strategy & Policy	s 9(2)(a)
Caroline Flora	Associate Deputy Director-General, System Strategy & Policy	s 9(2)(a)

### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

# Oranga Tamariki Action Plan: Improving access to primary care

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**Security level:** IN CONFIDENCE      **Date:** 31 May 2022

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**To:** Hon Andrew Little, Minister of Health

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## Purpose of report

1. This briefing discusses the primary care system and some of the barriers faced by children and young people involved with Oranga Tamariki when accessing these services. Primary care is a central and essential service when it comes to identifying and responding to the health needs of children and young people involved with Oranga Tamariki, and there are a range of potential opportunities to improve primary healthcare services for this cohort.
2. This advice is part of a series of briefings to support discussions on planned assessments of health needs, and resulting recommendations for action, which are expected to be considered by Child and Youth Wellbeing Ministers later this year as part of the Oranga Tamariki Action Plan. This briefing follows advice on the Oranga Tamariki Action Plan in January (HR20220029 refers), a background paper on the current health system in March (HR20220240 refers), and a paper on health system prioritisation for children and young people involved with Oranga Tamariki in April (HR20220604 refers).
3. This report discloses all relevant information.

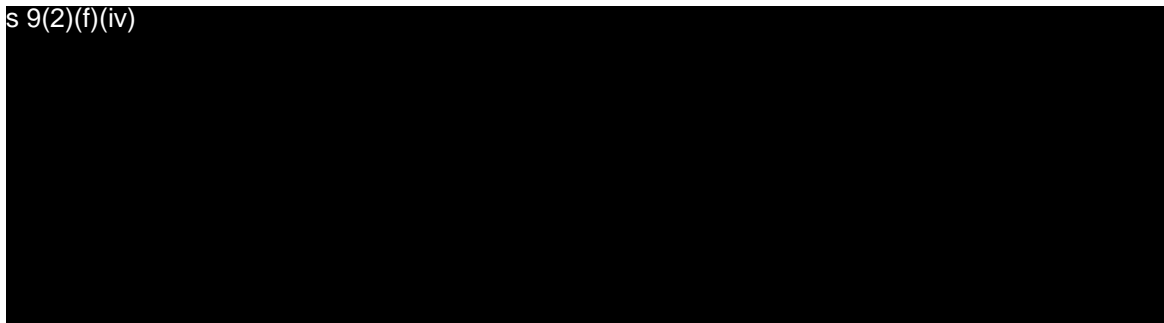
## Summary

4. Primary care is where children and young people involved with Oranga Tamariki receive the majority of their health care and should, therefore, be a significant focus for reducing health inequities for this cohort. This population faces numerous barriers that make it more difficult for them to access universal health services. Their high and complex needs mean that primary care can be overlooked in favour of specialist services even though primary care provides preventative care and long-term coordination for care delivery and outcomes.
5. The Ministry of Health (the Ministry) has engaged with frontline health and Oranga Tamariki staff to understand the health needs and barriers faced by this cohort. These barriers include this population receiving inconsistent care due to their transience and whānau being disincentivised to access services for their children due to services not being delivered in culturally appropriate ways. There is general agreement across the sector about the need to improve access to, integration with, and outcomes from primary health care services for this cohort.
6. There is a need for a dual focus on improving both enrolment and better understanding and responding to barriers around service accessibility for primary care. These priorities

require different levers but are both critical to support health and maximise opportunities for this cohort to receive primary care services.

7.

s 9(2)(f)(iv)



8. Further analysis on wider system changes and collaboration between Children's agencies is required and will take place as part of the in-depth assessments and Oranga Tamariki Action Plan.

## Recommendations

We recommend you:

- a) **Note** this advice will support your discussion on the assessment of and response to health need at the Child and Youth Wellbeing Ministers meetings from mid-2022
- b) **Note** primary care is a key setting to provide early and preventative health care for children and young people involved with Oranga Tamariki
- c) **Note** children and young people involved with Oranga Tamariki face several barriers to accessing primary care services, and primary care often does not meet the complex range of needs for this cohort and their whānau
- d) **Note** there are levers and opportunities to improve the accessibility of primary care services for children and young people involved with Oranga Tamariki
- e) **Note** these potential opportunities can be further developed and explored as part of the Oranga Tamariki Action Plan, assessment of health needs, and options that will be identified for tangible change later this year
- f) **Agree** to share a copy of this briefing with Hon Kelvin Davis, Minister for Children Yes/No

Caroline Flora  
Associate Deputy Director-General  
**System Strategy & Policy**  
Date: 31/05/2022

Hon Andrew Little  
**Minister of Health**  
Date: 19/6/22



# Oranga Tamariki Action Plan: Improving Access to Primary Care

## Context

1. In January 2022, you agreed to receive a series of briefings with advice on improving health outcomes for children and young people involved with Oranga Tamariki (HR20220029 refers). These briefings explore how health services are currently provided for this population, outline key challenges in certain areas, and identify potential approaches to affect change.
2. These briefings will support discussions on the in-depth assessment and response to health needs at Child and Youth Wellbeing Ministers meetings from mid-2022, led by Oranga Tamariki, and could inform subsequent options that can be taken forward as part of the Oranga Tamariki Action Plan.
3. This series of briefings focuses on "those currently involved with Oranga Tamariki" and covers children and young people currently involved with the care and protection or youth justice system (HR20220240 refers).
4. The indicative levers discussed focus on how the health and care and protection systems currently interact, noting further analysis and collaboration on wider system changes and accountabilities between Children's agencies is required and planned as part of in-depth assessments and as the Oranga Tamariki Action Plan develops.

## **There are many benefits to the existing primary care system, however these services are not accessed equally**

5. Primary care is professional health care provided in the community, usually from a general practitioner, practice nurse, nurse practitioner, pharmacist, or other health professional working within a general practice. Primary health organisations (PHOs) ensure the provision of essential primary health care services, mostly through general practices, to people who are enrolled with the PHO.
6. The current primary and community care system can be separated into three categories:
  - a. Primary Medical Services: core diagnostic and longitudinal services funded under the PHO Services Agreement, centered on traditional general practice services, which are delivered through enrolment with an individual provider.
  - b. Wider enrolled services, such as Well Child Tamariki Ora, which have their own enrolment-style mechanisms to connect providers and people with associated services and funding.
  - c. Population-level primary and community care services, such as community pharmacy, district nursing, community lab services, and sexual and reproductive health services, which are funded for the community at large and do not have enrolment mechanisms.
7. Primary care is also delivered through many non-government organisations (NGOs), which receive funding from the Ministry of Health and are a valuable contact at the

community level. A range of health and disability NGOs provide flexible and responsive frontline service delivery in primary care, as well as mental health, disability support services, and kaupapa services.

8. Primary health care is provided free of charge for children 13 years and under. Oranga Tamariki provides reimbursement for the primary health care expenses of children aged over 14 years in foster care. There are also other primary care subsidies available to qualifying children over 14 years, including Community Service Cards<sup>1</sup>.
9. Having a high proportion of the population enrolled with a primary health care provider is key to ensuring primary care contributes to reduce health inequities between different groups. Benefits associated with being enrolled with a provider include reduced costs for doctors' visits and prescription medicines, continuity of care and accountability for care delivery and outcomes. Enrolment and engagement with primary care facilitates prevention and early intervention by addressing issues before they escalate, while making it easier for people to navigate the health system and receive care in ways that best suit their needs.
10. Currently 6 percent of the total general eligible population are not enrolled in primary care (around 300,000 people), meaning they miss out on accessing subsidised general practice appointments when they need them and do not receive proactive services (eg, screening, immunisations, and health promotion activities) despite being entitled to them. This lack of interaction with primary care further entrenches inequities for Māori whānau, Pacific families, pēpi, tamariki and whānau with disabilities, and children and young people involved with Oranga Tamariki.

### **Primary care is a key part of improving health outcomes for this cohort**

11. Primary care is a key area to focus efforts to improve health outcomes for children and young people involved with Oranga Tamariki as it supports early identification and intervention for health needs and facilitates referrals to all levels of care. Many of the most common needs identified by Gateway assessments for children and young people involved with Oranga Tamariki are primary health needs, such as immunisations, hearing, and dental needs.
12. Primary care needs to be able to meet the wide-ranging needs of children and young people involved with Oranga Tamariki, which includes disability, mental health and addiction needs and referrals through to specialist services. Appropriate and supportive primary care has the potential to reduce the high rates of physical and mental health inequities experienced by this cohort, as well as the need for more intensive care across their life-course.
13. A major contributor to quality primary care is the strength of the relationship a child and their parent/caregiver has with their health practitioner. For children and young people in the care and protection and youth justice systems, this relationship may mean having a social worker help advocate for their needs to a practitioner, increases the effectiveness of care provided, and help make referrals to specialist services. This is

<sup>1</sup> A person must be 16 years old to get a Community Services Card, however, dependent children up to the age of 18 are covered if their carer has a Community Services Card.

particularly important for meeting the cultural needs of tamariki Māori in terms of maintaining connections and relationships with whānau, hapū, and iwi.

## **Children and young people involved with Oranga Tamariki face barriers accessing primary care**

14. Children and young people involved with Oranga Tamariki are less likely to be enrolled with a general practice, as 60 percent of this cohort are currently registered with a general practitioner or medical practice<sup>2</sup>. There is likely to be significantly lower than their peers, given the PHO enrolment rate is 98 percent for children in New Zealand aged 0 to 14<sup>3</sup>.
15. The Ministry engaged with a small sample<sup>4</sup> of frontline health and Oranga Tamariki staff to understand the health needs and barriers faced by children and young people involved with Oranga Tamariki. There is overall agreement on the need to improve access to primary care services for this cohort.
16. Common systemic and social challenges for this cohort accessing primary care include:
  - the transience of the cohort and consequent inconsistency of care and/or difficulty enrolling with a GP
  - an increasingly diverse and complex array of conditions and health needs in this cohort, meaning staff increasingly need specialist training to deliver health care services to them
  - whānau facing institutional racism when interacting with the health and disability system or finding that services are not delivered in a culturally appropriate way
  - whānau being reluctant to access services for their children where they have existing debt to primary and community health care providers
  - the associated costs to access primary care, particularly for rural regions (eg, petrol, taking time off work, and fees for putting other children in early childhood care).
17. These challenges disproportionately hinder children, young people, and their whānau from accessing primary care services, having their health needs accurately assessed, and being connected to appropriate support services. Whānau and their communities play a significant role in creating positive environments and relationships, which makes establishing strong relationships with primary care providers key to ensuring improved health and wellbeing outcomes for this cohort.

<sup>2</sup> Independent Children's Monitor. (2022). *Experiences of Care in Aotearoa: Agency Compliance with the National Care Standards and Related Matters Regulations*. Reporting period 1 July 2020 – 30 June 2020.

<sup>3</sup> <https://www.health.govt.nz/our-work/primary-health-care/about-primary-health-organisations/enrolment-primary-health-organisation>

<sup>4</sup> This was not a statistically representative sample, however included a Site Manager for care and protection, Youth Forensic Psychiatrist, Child and Adolescent Mental Health Services consultant, Chief Clinical nurses, and Senior Advisors from Oranga Tamariki.



## There are also barriers that can prevent this cohort from fully benefitting from primary care services

18. Once a child or young person involved with Oranga Tamariki does establish contact with a general practitioner or medical practice, they can still often experience another layer of challenges that prevent them from fully benefiting from primary care services.
19. These challenges include, but are not limited to, the following:
  - **Allocated appointment time:** GP appointments are generally 15 minutes long, which can be insufficient to address the number of complex, diverse, and often unmet health needs some patients present (eg, Foetal Alcohol Syndrome Disorder, addiction, depression, self-harm). Limited time can mean that while a presenting issue is addressed, preventative checks and follow-up do not occur or are rushed. Unmet health needs can potentially manifest in life-long physical, mental, and developmental challenges.
  - **Lack of knowledge:** General practitioners are not always aware that their patient may be under the care of Oranga Tamariki. Not having access to the care history or underlying health conditions could compromise the quality of care provided and may mean not all of the patient's health issues are being addressed.
  - **Lack of training:** Providing care to children and young people involved with Oranga Tamariki can be challenging and there is little tailored training specifically related to understanding and meeting the complex health needs of this cohort for health practitioners working in primary care.

## There will be significant changes to the primary care system as part of the health system reforms

20. One of the central features of the health system reforms is the use of localities as a basis for providing primary and community health services that are locally developed and led, while being centrally supported. Localities could tailor models of care to specific community needs, link to a wider range of culturally supportive services, and aid interagency partnership to better address social determinants of health.
21. Locality planning will also include a population health approach of promoting better health and wellbeing and lifting the health outcomes of entire communities by creating better connections across health and social care agencies. Communities, alongside Iwi-Māori Partnership Boards, will be involved in the development of locality plans that set priorities for local primary health services over the next two years.
22. Multidisciplinary and comprehensive primary care teams can combine traditional primary care services (GP and registered nurses) with physiotherapists, practice-based pharmacists, care coordinators, and registered social workers/kaiāwhina (these are funded through Budget 2022).

## There are levers and opportunities to improve access to primary care for this population

23. It is possible to make changes to current mainstream and targeted services to address existing inequities, which must embed meaningful partnership with Māori and Pacific peoples when developing new models of care. The health system should retain more responsibility to coordinate care for this population in particular, connect health records, and build an ongoing relationship between health systems. These priorities require different levers but are both critical to support health and maximise primary care.
24. There are levers that the Ministry, Health New Zealand, and the Māori Health Authority can use to ensure that the children and young people involved with Oranga Tamariki can access primary care to meet their needs. Improving access and supporting operational changes to primary care (including links to specialist services) will support frontline staff and carers supporting children and young people to access health services, fulfil health entitlements, and enrol with health care providers. Widening the services that people can enrol with to include more Kaupapa Māori and Pacific Peoples services should also promote access to services that are culturally appropriate and may contribute to increasing enrolment amongst these populations.

### Enrolment settings for the future health system

25. Enrolment is an important lever to improve health outcomes for children and young people involved with Oranga Tamariki as it can provide the flexibility this cohort needs, improve longitudinal care by creating a continuous relationship with a primary care provider, and it reduces overall costs. s 9(2)(f)(iv)  
[REDACTED]  
[REDACTED]  
[REDACTED]
26. As a system lever, enrolment is part of building localities that are more responsive to community need and do a better job of spreading innovation and minimising undue variation in service performance and models of care. This involves enrolment settings configured to drive collaboration and shared accountability for population health outcomes, and improving outreach and access for populations underserved by the health system (eg, children and young people involved with Oranga Tamariki).
27. However, we recognise that higher rates of enrolment will not necessarily lead to improved service provision for this population, who face barriers to accessing health services even when they are enrolled. Additionally, cost remains a critical barrier for caregivers, whānau, and children regardless of enrolment.

28. s 9(2)(f)(iv)  
[REDACTED]  
[REDACTED]

### Continuing to support the uptake of universal health entitlements

29. An aspect of supporting uptake could be providing awareness of and access to a broader range of primary health supports and universal health entitlements, particularly culturally relevant ones. Improving the awareness and knowledge of current primary care entitlements for social workers is a key lever for this. Health New Zealand and the

Ministry are working with Oranga Tamariki to ensure health and disability services link into universal entitlements.

30. The NGO sector also plays a key role in delivering primary care services and health entitlements. NGOs can expand delivery options of tailored and appropriate primary community care to vulnerable populations, make health services more accessible, and preserves valuable interagency relationships. Primary community care can deliver a holistic healthcare approach that helps reduce inequities and improve health outcomes. We could look to partner with other agencies and assess opportunities to support people to navigate the primary community care and with free support.
31. For instance, Care in the Community<sup>5</sup> has demonstrated success in delivering targeted healthcare through partnership across government, primary care Māori and Pacific providers, community manaaki providers, pharmacies, emergency ambulances, and the wider health and welfare systems. Appropriate support for vulnerable communities (including children, young people, and their whānau involved with Oranga Tamariki) can be provided through such nationally supported and regionally coordinated approaches.
32. Work can also be done to strengthen links to primary care enrolment and access through existing Oranga Tamariki services, particularly Family Start<sup>6</sup> and Well Child Tamariki Ora. There is significant value in connecting whānau with community providers to raise awareness of and establish referral pathways into these services.

#### *The Well Child Tamariki Ora Enhanced Support Pilots*

33. Enhanced Support Pilots (ESP) support young parents and their whānau to access the health and social support they need as they transition to parenthood by offering early engagement, home-based support, and has the goal of connecting the entire whānau to primary care. Many parents supported by ESP are involved with or have history with Oranga Tamariki. This whānau-led model, responsive contact, and reduced number of Oranga Tamariki referrals has led to better outcomes for children and young people/parents<sup>7</sup>.
34. So far, improved outcomes are evident in one ESP site across maternal and infant wellbeing (eg, accessing primary care services in a timely manner, make informed healthy lifestyle choices including options for healthy eating and smoking cessation), as well as whānau wellbeing in terms of intergenerational change. The pilots are scheduled to conclude between June 2023 and October 2024.

<sup>5</sup> The Care in the Community initiative enabled COVID-19 positive people to isolate safely at home and in the community with appropriate clinical and manaaki support.

<sup>6</sup> Family Start is an early home visiting programme that can start from the early stages of pregnancy (from three months) up until a baby is one year old.

<sup>7</sup> Malatest International (2021). *Interim Evaluation Report. Evaluation of Well Child Tamariki Ora Enhanced Support Pilots*. Ministry of Health.



35. These pilots (which received additional funding in Budget 2022<sup>8</sup>), and the wider Early Years health reforms, present opportunities to support whānau early and develop an early years care model for children and young people involved with Oranga Tamariki. This includes work on improving outcomes for children in the first 1,000 days, which is an action in the Oranga Tamariki Action Plan.

### **Providing training and support to improve primary health care workforce competency**

36. There is an opportunity for the primary care sector to take the lead in providing health services, with clinicians supported and enabled to deliver appropriate care that children and young people involved with Oranga Tamariki feel comfortable engaging with (eg, connecting a wider network of Māori and Pacific services). This would be an opportunity to support shifting to general practice having a preventative, holistic, and trauma informed focus.
37. Training and continuing professional development are led by colleges (eg, the Royal New Zealand College of General Practitioners) and the Ministry would need to work with them on upskilling workforce competency. You could write to the Boards of key colleges stating that supporting the training of practitioners working in primary care is a priority.
38. Primary care can be utilised in a navigation and connection role across the wider health system, which Oranga Tamariki social workers are currently relied on for (and are not always able to achieve). This includes enhancing coordination between primary care navigators and social workers to connect children through to other health services, and ensure that both care and health needs are being met. This aligns with the localities approach, which recognises that responding to people's health needs, particularly complex needs, requires both individual clinical responsibility and contribution from a range of different people and providers.

### **The mechanism for annual health checks can be improved**

39. In November 2021, we briefed you on a requirement in the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 (the Regulations) that children and young people in the care of Oranga Tamariki have access to an annual health check, and how the Ministry is supporting these checks to occur [HR20211018 refers]. Satisfying the annual health check requirement in the Regulations can help satisfy clauses such as enrolment with a PHO, access to an annual dental check, and whether they are supported to access other health services to address their needs.
40. When the Regulations were introduced, Oranga Tamariki agreed to the bare minimum approach, which places the onus on social workers to ensure children were seen by a primary care provider annually. It did this on the basis that it was achievable in the existing settings, and that further work to define annual health checks and to enable the primary care system to meet that obligation would be undertaken at a later stage.
41. More regular engagement with a health and disability provider several times a year can contribute to overall improved health and wellbeing for children and young people

<sup>8</sup> \$6.150 million over three years from 2023/24 to continue the current enhanced WCTO support pilots in Lakes, Counties Manukau and Tairāwhiti, and a further contingency of up to \$28.2 million over four years to strengthen the WCTO programme and reduce inequities.

involved with Oranga Tamariki by supporting an ongoing relationship that monitors and makes referrals based on health needs.

42. s 9(2)(f)(iv) [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

## Reducing the cost of primary care access

43. A range of primary care subsidiaries and services are in place to lower the cost of general practice visits. These subsidies and services include but are not limited to: the Community Services Card (CSC), lower cost general practice visits, Care Plus, High Use Health Card, and Very Low Cost Access (VCLA) practices<sup>9</sup>. Improvements can be made to increase the uptake of these existing mechanisms for children and young people involved with Oranga Tamariki.
44. The Ministry and the Ministry of Social Development have assisted young people under 18 who are dependants still living with parents and attending high school (but are not eligible for lower cost visits as dependent of a CSC holder or having a CSC of their own) by advising that they could enrol in a VCLA practice. A VCLA practice maintains fees at the same level as a non-VCLA practice that has opted into providing lower cost visits for CSC holders and their dependents.

## Youth One Stop Shops s 9(2)(f)(iv) [REDACTED] provide wraparound supports for rangatahi leaving care

45. Youth One Stop Shops (YOSS) provide a wraparound health and social care service that encompasses general health/primary care, sexual and reproductive health, family planning, vaccinations, health promotion and education, counselling, mental health and alcohol and other drug services. Health and disability work accounts for more than 85 percent of their business and some YOSS are supported and funded by Oranga Tamariki.  
s 9(2)(f)(iv) [REDACTED]  
[REDACTED]
46. An evaluation of YOSS found that a higher percentage of Māori and Pacific youth interacted with YOSS that encompassed holistic culturally appropriate health and social services compared to primary care providers<sup>10</sup>. Several findings suggest YOSS can be effective for young people involved with Oranga Tamariki, and that they generally meet the needs of rangatahi Māori well. Advantages of the service delivery model (as described by young people) included service flexibility, confidentiality, convenient location, welcoming staff, and having access to a range of different services in one place.

## Access and choice for increased mental health care is a key lever

47. Children and young people involved with Oranga Tamariki have poorer mental health outcomes compared to the general child and youth population, and higher likelihood of

<sup>9</sup> Practices that have at least 50 percent high needs patients enrolled and receive additional funding to maintain fees at a lower rate.

<sup>10</sup> <https://win.wv.health.govt.nz/publication/evaluation-youth-one-stop-shops>

need for mental health and addiction services that are not met. Initial findings from an internal Ministry study found that children aged 10 to 18 years who had used mental health services were five times as likely to have had a child protection placement, and ten times as likely to have a youth justice history.

48. Budget 2019 included \$1.9 billion for mental health and wellbeing initiatives and capital investment across agencies, including \$455 million to provide national coverage of primary mental health and addiction services. These investments are a key lever for supporting this cohort's access to and choice of primary mental health and addiction services. More mental health and addiction support will be available via primary community care over time, including general practices, Kaupapa Māori, Pacific, community, and youth settings (including services for Rainbow young people).
49. Primary community care is integral to delivering services that encompass health promotion, prevention, early intervention, and treatment for mental health and addiction issues. We have provided advice that focuses specifically on health system prioritisation for specialist mental health services (HR20220604 refers).

## Equity

50. Persistent inequitable health and wellbeing outcomes impacting Māori whānau and their pēpi, Pacific peoples, and those with disabilities (all groups overrepresented in terms of children and young people involved with Oranga Tamariki) indicates that the existing primary care system operates to the detriment of these groups. The intersection between funding architecture and enrolment settings does not create strong incentives for primary care providers to work together to reach marginalised communities, particularly where they are unenrolled or rarely proactively access care.
51. We would expect any future enrolment system to better enable equity and active protection. This includes making it easier to direct funding and accountability to areas of greatest need for Māori, as well as maximising access to funding and care provision for Kaupapa Māori providers. Enrolment is also a critical avenue for whānau choice in our health system, providing levers for people to determine who they want to build a trusted health relationship with for primary medical services – and retaining that choice is a key dimension of enrolment settings.
52. The Pae Ora (Healthy Futures) Bill lays the foundation for transforming the health system to support more consistent and equitable health outcomes. The Bill provides a new legal framework for the health system and formalises requirements for an overarching New Zealand health strategy and specific health strategies for hauora Māori, Pacific health, and the health of disabled people. This includes achieving equity by reducing health disparities among population groups, particularly Māori, and addressing wider determinants of health.

## Meeting obligations under Te Tiriti

53. Given 67 percent of children and young people involved with Oranga Tamariki identify as Māori or Māori and Pacific, actions to address barriers to enrolment and utilising primary care services to support this cohort would also help address existing inequities. Investment in the work of Māori Health Authority in planning, designing, and delivering services, as well as the development of the Hauora Māori strategy under Pae Ora, in time



will provide more suitable and more different options for Oranga Tamariki to work with primary care providers.

54. In 2020, the Ministry launched Whakamaua - Māori Health Action Plan 2020-2025, which sets the Government's direction and action for Māori health advancement over five years and emphasises the significance of Te Tiriti as the foundation to drive systemic change. Enabling and embedding ritenga Māori, tino rangatiratanga and genuine partnership with tangata whenua throughout primary care will ensure we are actively protecting, and driving equitable health outcomes for Māori, whilst providing more options and better access to a range of primary, community and secondary health services.
55. Te Tiriti o Waitangi, te ao Māori, and whānau-centred approaches are also key to addressing inequities faced by Māori and may also likely benefit other vulnerable populations, such as people with disabilities. Health services can be more culturally appropriate, holistic, and safe for Māori by taking the collectivistic Māori worldview and being inclusive of the entire whānau.

### **Next steps**

56. The Ministry will provide you with updates through the weekly report on work relevant to improving health outcomes for children and young people involved with Oranga Tamariki. We will continue to provide advice to prepare you for the assessment of and response to health needs meeting with Child and Youth Wellbeing Ministers later this year.

**ENDS.**